



BETHEL BIBLE COLLEGE

Established in 1927, Affiliated to the Senate of Serampore College (University)

Post Box No: 6; Punalur P.O., Kollam, Kerala, India. Pin: 691305

Phone: +91 475 2222279, +91 9400592279

Web: www.bbcpunalur.org E-mail: 1927bethel@gmail.com

APPLICATION FORM

(Please read the instructions before you fill up the application form)

PHOTO

Tick the course for which admission is sought

- ☒ Master of Theology (MTh) - ATA PC ☐ CT ☐
☒ Bachelor of Divinity (BD) ☐
☒ Integrated Bachelor of Divinity (IBD) ☐
☒ Bachelor of Theology (BTh) ☐

1. Full name (Block Letters):

2. Gender: Male ☐ Female ☐

3. Age Completed

4. Father's/Guardian's/Husband's name

5. Marital Status: Single ☐ Married ☐
 Other ☐ (Please specify).....

6. Permanent Address.....

.....

.....Pin code.....

7. Present Address.....

.....

Phone no..... Email.....

8. Education Completed (write in descending order)

[a] Secular	Name and Place of Institutions/University	Year passed & Grade
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[b] Theological	Name and Place of Institutions	Year Passed & Grade
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9. Write languages you know and level of proficiency (Tick):

<u>Name of Language</u>	<u>Reading</u>	<u>Writing</u>	<u>Speaking</u>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Indicate your Christian experience in the following areas:

(i) Have you accepted Jesus Christ as your personal Saviour? Yes ☐
 No ☐ Uncertain ☐ If yes, indicate date

(ii) Have you received believer's baptism (Matthew 28: 18-20)
 Yes ☐ No ☐
 If yes, indicate date

11. Provide the following details of your Church membership

(i) Name of the Denomination.....
 (ii) Address of the local Church.....
(iii)
 Period of Membership.....

12. Do you have a definite call for Christian Ministry?

Yes ☐ No ☐ Uncertain ☐

13. Have you ever been engaged in Christian ministry of any kind? Yes ☐ No ☐

If your answer is 'Yes' give the following details

Nature of Ministry	Place of Ministry	Period of Ministry
.....
.....
.....

14. Everyone has strengths and weaknesses, list your areas of strengths and weaknesses:

Strengths.....

Weaknesses.....

15. State the following details about the payment of fees

(i) Source of support.....
 (ii) Name and address of the person who will support you.....

16. Give the names and complete addresses of three persons who know you well

(i) Your Pastor.....

 Pin code.....Phone.....Email.....
 (ii) An official of your Denomination in the rank not less than a Presbyterian/ District Pastor/or
 an equivalent office

 Pin code.....Phone.....E-mail.....
 (iii) A responsible Christian friend other than your relative.....

 Pin code.....Phone.....E-mail.....

DECLARATION

I,..... hereby declare that all the information given by me above is true to the best of my knowledge.

Date...../...../.....

Signature of the applicant.....

INSTRUCCIONES

Read carefully the Student's manual and the following instructions before you fill up and forward your application to the Registrar.

1. You must fill the application form in your own handwriting
2. You must present the following documents along with the application
 - i. Three copies of your photograph (Passport Size)
 - ii. Photo copies of all academic records
 - iii. Three letters of recommendation:
 - One from a church official in the rank not less than Presbyterian/District Pastor
 - One from your local church Pastor
 - One from a Christian friend other than a relative (like an elder, Sunday school teacher, etc.

Note that these letters must be sent directly to the Registrar.

- iv. Personal testimony of the candidate not exceeding 250 words (one page) describing the following facts:
 - *personal experience of salvation*
 - *significant spiritual experience*
 - *convictions about the call for the Christian ministry*
 - *reasons to seek admission for theological study*
 - *future goals in life*
 - v. Sponsor's letter
 - vi. Certificate of physical fitness to study in the college
 - vii. Application fee Rs. 250/-
3. Send the application to the Registrar BBC.
 4. For all correspondence and inquiry regarding admission, contact the Registrar in the address given on page 1 or send email to bethelregistrar@gmail.com

FOR OFFICE USE ONLY

1. Date of application received.....
2. Application fee/late fee received.....
3. Decision of the Admission Committee
Admitted ☐ Rejected ☐ Deferred ☐
- Remarks.....
4. Course and year admitted to:
MTh (ATA) CM ☐ CT ☐
BD ☐
IBD ☐
BTh ☐
5. Amount of fees to be paid.....
6. Other remarks.....

Personal Testimony

Personal testimony of the candidate not exceeding 250 words (one page)describing the following:

- *personal experience of salvation*
- *significant spiritual experience*
- *convictions about the call for the Christian ministry*
- *reasons to seek admission for theological study*
- *future goals in life*



SPONSOR'S FINANCIAL COMMITMENT

Name of the applicant _____

Address: _____

Desired Program of Study: _____

Details below should be filled by the sponsor: Church / Organization / Individual

I/We (sponsor's name) _____ hereby
agreed to pay the sum of Rs. _____ per year towards the financial support of Mr./ Mrs./ Miss
_____ for one/ two/ three years upon his / her
admission at Bethel Bible College for the course _____.

Please tick one:

1. I/We recommend the candidate, and offer to pay Rs. _____ for one/two/three years as per the requirement of the course.
2. I/We recommend the candidate, but offer to pay partially, Rs. _____ (monthly/ quarterly/ half yearly/ yearly)

Sponsor's Signature: _____

Designation: _____

Address: _____

Place: _____

Date: ____/____/____

(Official seal, if the sponsor is a Church / Organization)

BETHEL BIBLE COLLEGE

Post Box - 6, Punalur-691305, Kerala, India.

HEALTH STATEMENT FOR CANDIDATES FOR ADMISSION

(To be filled out by a Physician holding an M.B.B.S. or higher degree)

NAME _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

GENERAL PHYSIQUE _____ LAST VACCINATION _____

PREVIOUS ILLNESSES

Infectious Diseases _____
Malaria _____
Kala Azar _____
Typhoid _____
Dysentery _____
Epilepsy or Epileptiform Seizures _____

FAMILY HISTORY _____ ALIVE IF DEAD, _____ CAUSE OF DEATH _____

Father _____
Mother _____
Brothers _____
Sisters _____

ANY HISTORY IN THE FAMILY OF _____

Diabetes _____
Tuberculosis _____
Leprosy _____
Mental Diseases _____

PRESENT CONDITION

GENERAL APPEARANCE _____

Cleanliness _____
Nourishment _____

SKIN _____

General Condition _____
Scabies _____
Tumours of any sort in any region _____

CIRCULATORY SYSTEM _____

Pulse Rate _____
Blood Pressure _____
Anaemia _____
Heart _____
Varicose Veins _____
Filariasis _____

RESPIRATORY SYSTEM _____

Asthma _____
Chronic Bronchitis _____
Tuberculosis _____

NERVOUS SYSTEM _____

Mental Condition _____
Sensorium _____
Sleep _____
Any focal neurological deficit _____

DIGESTIVE SYSTEM _____

Teeth and Gums _____
Tongue _____

Any sign of enlarged liver or spleen _____

Other abdominal signs _____

Haemorrhoids _____

Diarrhoea _____

GLANDS

Any enlargement in neck _____

axillae _____

groins _____

GENITO-URINARY SYSTEM

Specific Gravity of Urine _____

Albumin _____

Sugar _____

EYES, EARS, NOSE AND THROAT

Eyes near vision R _____ L _____

distant vision R _____ L _____

general condition of eyes lids & conjunctiva
R _____ L _____

Hearing _____

Nose _____

Voice _____

Tonsils _____

FITNESS FOR STUDY

Do you consider that the candidate has any physical condition which would seriously interfere with his carrying out a rigorous programme of study?

Physician's Signature

Physician's Name

Post and Qualification

Address

Date

(Strictly confidential) Form D-1
BETHEL BIBLE COLLEGE

Post Box No. 6, PUNALUR - 691 305, KERALA
Phone: 0475 2222279, E-mail: 1927bethel@gmail.com

LETTER OF RECOMMENDATION

(Church official in the rank not less than Presbyterian/District Pastor)

Name of the Applicant:

Name of the Referee:

INTRODUCTION: Bethel Bible College is a theological institution of the Assemblies of God, where men and women are trained for various of Christian ministries. In order to assess the personal commitment and Christian maturity of the applicant, we require letters of recommendation from persons who know the candidate personally. Therefore, kindly furnish the following information as accurately as possible. All information will be treated confidentially. Please send your letter of recommendation directly to the Registrar.

1. How long have you known the applicant?
2. In what capacity do you know the applicant? (Example: teacher, friend, pastor etc.)
.....
3. What church/ denomination does the applicant belong to?
4. How do you assess the personal commitment of the applicant to Christ?
.....
5. Commend on the Christian maturity of the applicant in the following areas like moral life, inter-personal relationships, honesty, and commitment for ministry.
.....
6. Commend about his/her relationship to and involvement in the church:
.....
7. commend about the applicant's motivation in seeking admission for theological training in BBC:
.....
8. All people have weaknesses and strengths. What do you think are the strengths and weaknesses of the applicant?
Strengths.....
Weaknesses.....
9. What is the financial background of the applicant?.....
10. In your assessment, is there any serious problem that would hinder the applicant's study in BBC?
.....

Tick any one of the following items which represents your level of recommendation for the applicant to be considered for admission.

- | | |
|---|--------------------------|
| I strongly recommend the candidate | <input type="checkbox"/> |
| I recommend the candidate | <input type="checkbox"/> |
| I recommend the candidate with hesitation | <input type="checkbox"/> |
| I do not recommend the candidate | <input type="checkbox"/> |

Date...../...../.....

Signature:
Designation:
Address:
Phone/Mob:.....
E-mail:.....

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LETTER OF RECOMMENDATION

(Local Church Pastor of the Applicant)

Name of the Applicant:

Name of the Referee:

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Date...../...../.....

Signature:
Designation:
Address:
Phone/Mob:.....
E-mail:.....