



a commitment to serve

# Bethel Bible College

(Affiliated to the Senate of Serampore College [University])

4th Lane, Seethamma Colony, Pattabhipuram Post,

Guntur 522 006, Andhra Pradesh, India.

Ph: 0863- 2262 832 E-mail: bethelbiblecollegeguntur@gmail.com

## Application Form For B.Th/B.D./Upgraded B.D Degree Course

(Highlight the course you are applying for)

1. Name of the Applicant (In Capital Letters) \_\_\_\_\_

2. Father's Name and Occupation\_\_\_\_\_

3. Mother's Name and Occupation\_\_\_\_\_

4. Date of Birth\_\_\_\_\_ (Attach Valid Proof)

5. Gender\_\_\_\_\_

6. Mother Tongue\_\_\_\_\_

7. Languages known other than Mother Tongue\_\_\_\_\_

8. Nationality\_\_\_\_\_

9. Contact Details:

Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

10. Educational Qualifications from 10<sup>th</sup> Class onward (Attach Xerox Copies of Your Certificates)

	Name of the Course/ Degree	Name of the Institution	Board /University	Year & Month of Passing	Duration of Study	Total Marks	Percentage %	Class I/II/III
1								
2								
3								
4								

11. Church Affiliation\_\_\_\_\_ (Attach a letter of Membership from your local Pastor)

12. Are you a sponsored candidate?\_\_\_\_\_

A). If yes, attach a detailed sponsorship letter from the head of the church/organization

B). If no, who will meet your financial and other need during the course of your study? (Attach a letter of undertaking from the concerned person)

Affix a photo  
&  
Submit 2 copies  
for office use

13. Are you married? \_\_\_\_\_ If yes,

A). Give the name, qualification and occupation of your spouse \_\_\_\_\_

B). Give the name, gender and age of your children, if any

	<b>NAME</b>	<b>GENDER</b>	<b>AGE</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			

14. Ministerial experience, if any \_\_\_\_\_

15. What do you consider as your specific call? \_\_\_\_\_

16. Do you have any special talents or gifts? If yes, name them \_\_\_\_\_

17. Write your testimony in a separate sheet of paper (Not more than one page).

18. Submit a medical fitness certificate from a registered physician that you are physically and mentally fit to undertake any study programme.

19. Address for communication (Parent's/ Guardian's) \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Pin: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

20. Permanent Address \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Pin: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

21. Give the name and address of three important Christian leaders who can be approached for further information about your commitment to the ministry.

A) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

B) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

C) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

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### **DECLARATION**

I, \_\_\_\_\_ here by solemnly declare that the particulars furnished above are true to the best of my knowledge and also agree that I will abide by all the rules and regulations that may be stipulated by the college.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

*Note: - Duly filled in application form should reach the Principal's office on or before 15<sup>th</sup> May*

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### **FOR OFFICE USE ONLY**

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Date of receipt \_\_\_\_\_

Principal's remarks \_\_\_\_\_

Signature of the Principal \_\_\_\_\_



## MEDICAL FORM

Name of Applicant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### General Physical Examination

Height:	Weight:
BP:	P/R:

### Systemic Examination

ENT:	Eyes:
Skin	Skeletal:
CVS:	R.S.:
Abdomen:	CNS:

### Past/Present H/O Illness

Hypertension:	Seizure disorders:
Diabetes:	Major operations:
Asthma:	Any other chronic illness:
History of allergy to drugs/food etc.	
Family History (HTN, DM, Mental Illness, Etc.):	

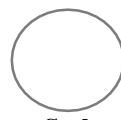
### Lab Examination with Reports

Blood Group:	HIV:
HBsAg:	RBS:
Chest X-ray (if needed):	MP test (for Malaria endemic areas):

Any recommendation by the examiner?
Is the applicant fit for a rigorous course of study?

Name of the Doctor

Signature



Seal

Date: \_\_\_\_\_

Full address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact number: \_\_\_\_\_

