



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 10th 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)

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

	NAME	GENDER	AGE
1			
2			
3			

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: _____

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 15th May

FOR OFFICE USE ONLY

Date of receipt _____

Principal's remarks _____

Signature of the Principal _____



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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.):	

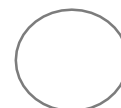
Lab Examination with Reports

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: _____

