



# BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

1924, Shalom Enclave, Yerappanahalli Main Rd, Doddagubbi Post,  
Kannur, Bengaluru, Karnataka 560077, Contact: +91 98803 25757  
E-mail: btcsindia2003@gmail.com, Website: www.ibmvision.com/btcs

Please attach a  
glossy print  
Photo of  
Head and  
Shoulders

## Application for Admission

### APPLICATION INFORMATION

Full Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Ph \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place of Birth \_\_\_\_\_ City/State/Country \_\_\_\_\_

Parents (s) \_\_\_\_\_ Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Address \_\_\_\_\_

Applicant's Marital Status:  Single  Married  Divorced  Widowed  Re-married

Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

### REGISTRATION INFORMATION

When do you plan to your studies?

Year \_\_\_\_\_  Summer  Fall

Have you applied for BTC&S in the Past?

Yes  No., If Yes when? \_\_\_\_\_

To which programme are you seeking admission?

*(Tick the course of study desired)*

Bachelor of Theology (B.Th) \_\_\_\_\_

120 Cr.hrs (prerequisite: +2)

Master of Divinity (M.Div) \_\_\_\_\_

100 Cr.hrs (Prerequisite: any Bachelor's degree)

Master of Theology (M.Th) \_\_\_\_\_

Systematic Theology  Missiology  Counselling

100 Cr.hrs (Prerequisite: B.Div/M.Div)

Doctorate Programme (D.Min/Ph.D) \_\_\_\_\_

40/60 Cr.hrs (Prerequisite: M. Div/M. Th, Master Degree holder)

### FOR OFFICE USE ONLY

Date of Received \_\_\_\_\_

Date of entrance exam \_\_\_\_\_

Place of entrance exam \_\_\_\_\_

Date of entering \_\_\_\_\_

Date of Admission \_\_\_\_\_

Selected Yes No

Information Sent Yes No

Registration No. \_\_\_\_\_

Reserved for \_\_\_\_\_

\_\_\_\_\_  
President

\_\_\_\_\_  
Registrar

## **EDUCATIONAL INFORMATION**

Please list all institutions attended high school, and including college, university, seminary and professional training.

Name of Institution	Location	Date Attended	Degree

Which academic or special honours have you received in School & College or other school of higher education?

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## **EMPLOYMENT INFORMATION**

Please list your church Employment

Name of Church	Position City/State	Date	Paid/Volunteer

Please list your secular Employment

Employer/Company	Position City/State	Date	Paid/Volunteer

## **CITIZENSHIP**

Are you Citizen of India?       Yes       No

If non-Indian citizen: Country of Citizenship: \_\_\_\_\_

Under what Visa category did you come \_\_\_\_\_ Duration of visa \_\_\_\_\_

# **PERSONAL INFORMATION**

## **BACKGROUND INFORMATION**

- Yes  No Have you ever been dismissed or had disciplinary probation by any school or college  
 Yes  No Have you ever been convicted of any felony?  
 Yes  No Have you ever used illegal drugs or alcohol? If yes, when did you stop?  
 Yes  No Do you use Tobacco, Smoking, attend cinema still?

## **HEALTH INFORMATION**

- Yes  No Do you have any physical, mental or emotional disabilities which may affect your studies.  
 Yes  No Are there any other facts regarding your health that are relevant to your pursuing studies  
and social activities. *(Please give a doctor's certificate of your physical examination)*

## **FINANCIAL INFORMATION**

- Yes  No Will you able to meet the financial requirement for your studies?  
 Yes  No All fees must paid at the time of admission, will you able to pay?

# **CHURCH, SPIRITYAL LIFE AND MINISTRY GOAL INFORMATION**

Name of Church where you are now a member \_\_\_\_\_

Date of joining this church \_\_\_\_\_ Name of Pastor / Elder / Bishop \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Church Phone 

			-											
--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

 Church Fax 

			-											
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Does the church that holds your membership affiliated with Biblical ministries church? \_\_\_\_\_

If not, which denomination is it affiliated? Please be specified \_\_\_\_\_

Do you know Christ as your personal saviour? \_\_\_\_\_ When? \_\_\_\_\_

Have you taken believer's Baptism? \_\_\_\_\_ Are you ordained / layman / others? \_\_\_\_\_

Do you have the conviction that the Lord has called you into his ministry?  Yes  No  Not sure

What do you expect to be?  Pastor  Elder  Bishop  Evangelist  Missionary

(to where? \_\_\_\_\_), Other specify \_\_\_\_\_

Are there any disagreement with statement of faith expressed there in?  Yes  No  Not sure

If Yes, state which area \_\_\_\_\_

State your goal in relation to future ministry \_\_\_\_\_

Do you plan / desire to serve with Biblical ministries?  Yes  No  Not decided

## **EMERGENCY CONTACT INFORMATION**

Please list two persons who can be contacted by BTC&S if you experience an emergency

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Contact No. (\_\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Contact No. (\_\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Emails \_\_\_\_\_

Emails \_\_\_\_\_

Relationship to you \_\_\_\_\_

Relationship to you \_\_\_\_\_

## **REFERENCES**

It is the applicant's responsibility to send the enclosed recommendation for admission forms to the three people as listed below:

**Name of Reference** \_\_\_\_\_ **Title** \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ **Relation to You** \_\_\_\_\_

**Name of Reference** \_\_\_\_\_ **Title** \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ **Relation to You** \_\_\_\_\_

**Name of Reference** \_\_\_\_\_ **Title** \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ **Relation to You** \_\_\_\_\_

## **STATEMENT**

*Please sign and submit this application along with the additional material listed. Once submitted, the application and all supporting documents may not be returned to you.*

I acknowledge that all statements on this application are true to the best of my knowledge. I pledge myself to abide by all the regulations of faculty and administration to seek in every way to protect the good name of the institution; to preserve and protect the physical properties of the seminary and to co-operate with the seminary's family in maintaining a spirit of Christian fellowship throughout my training days. I understand the seminary to reserve the right to request a student to withdraw at any time.

### **APPLICATION CHECK LIST**

*(Make sure that send all the documents along with your application)*

1. All question answered.
2. Mark list enclosed.
3. Degree certificate enclosed.
4. Church letter enclosed.
5. Health report enclosed.
6. Passports photo enclosed.
7. Pre-seminary study sheet enclosed.
8. Work experience certificate enclosed.
9. Original document should be submitted at the time of admission for during your study at BTC&S.

\_\_\_\_\_  
Parent's / Guardian's  
Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



**BIBLICAL THEOLOGICAL COLLEGE & SEMINARY**  
1924, Shalom Enclave, Kannur, Bengaluru, Karnataka 560077  
**STATEMENT OF FINANCIAL SUPPORT**

## 1. STUDENT

Name \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_ month \_\_\_\_\_ date/day \_\_\_\_\_ Year \_\_\_\_\_

Sex:  Male  Female Marital Status \_\_\_\_\_ Citizen of \_\_\_\_\_

Relationship to person granting support \_\_\_\_\_

Address for mailing \_\_\_\_\_

Current phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Name of spouse and Children accompanying person above

Spouse \_\_\_\_\_ Sex ( Male  Female) Birth date (m/d/y) \_\_\_\_\_ month \_\_\_\_\_ date/day \_\_\_\_\_ year \_\_\_\_\_

Child \_\_\_\_\_ Sex ( Male  Female) Birth date (m/d/y) \_\_\_\_\_ month \_\_\_\_\_ date/day \_\_\_\_\_ year \_\_\_\_\_

Child \_\_\_\_\_ Sex ( Male  Female) Birth date (m/d/y) \_\_\_\_\_ month \_\_\_\_\_ date/day \_\_\_\_\_ year \_\_\_\_\_

## 2. SPONSOR

I/We \_\_\_\_\_

Residing at, street and number \_\_\_\_\_

City and poster code \_\_\_\_\_

Country \_\_\_\_\_

I am completing this statement of support on behalf of the person (s) tested in section 1.

3. This statement of financial support is made for the purpose of assuring the seminary that the person (s) name above will not become a public charge in the seminary.

4. I am willing and able to receive maintain and support the person (s) name above. I am ready and willing to deposit a bond, if necessary, to guarantee that such person (s) will not be a public charge during his or her stay at the biblical Theological College and Seminary, India.

5. I am employed as, or engaged in the business of :

Type of business \_\_\_\_\_

Address of business \_\_\_\_\_

\_\_\_\_\_

I have on deposit savings an amount of \_\_\_\_\_

I have stocks and bonds valued at \_\_\_\_\_

I own real estate value at \_\_\_\_\_

**Please attach official statements to verify the information listed above.**

*(For example, tax returns, savings deposit statements etc.)*

6. I intend to make contributions to the person (s) named in item 1 in the specific amount of Rs. \_\_\_\_\_ Per year. (This amount will apply towards the financial guarantee required for the needy size as listed in the seminary's student's checklist.

7. I acknowledge at that I have read all the instructions, sponsor, and am aware of my responsibilities as a sponsor under the financial security amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent \_\_\_\_\_ Date \_\_\_\_\_

Signature of an Official Witness \_\_\_\_\_

This form must be OFFICAILLY NOTARIZED Date \_\_\_\_\_

This document serves as a permanent record and is kept in the student's file. This guarantee is regarded as legally binding and serves to demonstrate the student's financial stability for the duration of this or her studies.

## FOR OFFICE USE ONLY

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\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Finance Secretary Signature

Admission Office,

**The Biblical Theological College & Seminary,**  
1924, Shalom Enclave, Yerappanahalli Main Rd,  
Doddagubbi Post, Kannur, Bengaluru, Karnataka 560077  
Ph: +91 98803 25757



# RECOMMENDATION FOR ADMISSION

*To be completed the College Professor / Christian Leader*

## To be completed by applicant:

- Degree Program for:  Bachelor of Theology (B. Th.)  Bachelor of Divinity (B. Div.).  
 Master of Divinity (M.Div.)  
 Master of Theology (M.Th.)  Systematic Theology  Missiology  Counselling

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant must check one box

I  waive  do not waive my right of access to the contents of this recommendation form.

## Applicant's Signature (Mandatory)

To be completed by Recommender (family members are not acceptable)

Recommender's name \_\_\_\_\_ E-mail: \_\_\_\_\_

Recommender's address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Telephone No. \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals \_\_\_\_\_

Please evaluate the applicant in the following areas mark comments on the back of this sheet for any below Average or poor responses. Feel free to use that space for any other comments as well.

Please check the number and circle	Outstanding	Above Average	Average	Below Average	Poor	No. Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgement Stability	5	4	3	2	1	N
Emotional Stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relation to others	5	4	3	2	1	N
Spouse / Family relations	5	4	3	2	1	N
Academic / Intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?  Yes  No. If yes, please elaborate.

*Please Complete Other Side.*

Yes       No.      If yes, please elaborate.

Do you know of any personal habits (sexual behaviour, drug / alcohol use) or personal prejudices which might hamper service in a church-related position?

Yes       No      If yes, please elaborate.

How do you perceive the attitude of the applicant's spouse family / finance toward seminary education and vocational Christian ministry?

Very positive    positive, with some reservations    Neutral    Negative

Not applicable please elaborate \_\_\_\_\_

Would you recommend this person to a church related position upon completion of seminary training?

Yes       No

Do you recommend this person for admission?       Yes       No. If yes please check one:

With confidence    With some reservations    With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant?

What characteristics do you consider to be the greatest weakness of the applicant?

Additional comments: \_\_\_\_\_

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**Recommender's Signature**

**Date :.....**

*Thank you for your thoughtful responses. Please return this form to:*

**Admission Office,**

**The Biblical Theological College & Seminary,**  
1924, Shalom Enclave, Yerappanahalli Main Rd,  
Doddagubbi Post, Kannur, Bengaluru, Karnataka 560077

Ph: +91 98803 25757





## Office of Admissions

### BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

1924, Shalom Enclave, Yerappanahalli Main Rd,

Doddagubbi Post, Kannur, Bengaluru, Karnataka 560077

Ph: +91 98803 25757, E-mail: btcsindia2003@gmail.com

**Reference:** **To be completed by Christian Friend**

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#### *This Section to be completed by the Applicant*

Name of Application \_\_\_\_\_

Address \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening \_\_\_\_\_

Name of person you are asking to provide a Reference: \_\_\_\_\_

Address \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Course Applied for:**  Bachelor of Theology (B. Th.)  Bachelor of Divinity (B. Div.).

Master of Divinity (M.Div.)

Master of Theology (M.Th.)  Systematic Theology  Missiology  Counselling

**To the applicant:** I understand that this recommendation is to be received and maintained in confidence by Biblical Theological College & Seminary for admission, consideration for graduate students, and will become a part of my official admissions file. I hereby expressly waive any and all rights I have of access on their evaluation under the family Education Rights or all other law, regulations or policies. I understand that the right I am waiving include, but are not limited to the right to inspect and review this letter; the right to have a copy of this letter made for my use, the right to request an amendment of their letter.

I agree to waive access to this Recommendation  I do not agree to waive access to their Recommendation

**Signature of Applicant** \_\_\_\_\_

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

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### **INSTRUCTIONS TO PERSON PROVIDING RECOMMENDATION**

#### *This section is to be complete by the Reference*

The above-named person has applied for admission to Biblical Theological College & Seminary and has name as a reference. We would appreciate your candid evaluation of the application applicant through your responses to the questions which follow. Your assessment will be helpful in judging the applicants' qualifications and personal readiness for admission into a rigorous academic program that will challenge them personally, intellectually and spiritually.

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### **REFERENCE:**

How long have you know the Applicant? \_\_\_\_\_ In What Capacity: \_\_\_\_\_

Do you Recommend this person for admission  Yes  No

If yes:  With complete confidence or  With some reservations

Would you recommend this person to a ministry Position upon completion Seminary?

Yes  No

Would you recommend this person to a ministry Position upon completion Seminary?

Yes  No

## **ASSESSMENT SECTION**

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Please check the box that best describes the candidate's abilities. Leave blank if you are not able to judge.

<b>Areas of Ability</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Inadequate</b>
Time Management Skill				
Personal Responsibility				
Care in Financial Matter				
Academic Performance				
Intellectual Ability				
Leadership Qualities				
Ability to cope under stress				
Christian Character				
Emotional Stability				
Mental Health				
Christian Spiritual Maturity				
Poise				
Relational skills				
Articulateness				
Social Acceptance				
Potential for Effective Ministry				
Commitment to a church related vocation				
Spouse's Support				
Integrity / Honesty				

Please feel free to provide written comments on a separate sheet of paper. You may also feel free to contact the Director of Admissions at +91 98803 25757 in order to discuss this recommendation.

Would like for the direction of admissions to call you in order to discuss this recommendation?

Yes  No

Recommender's Signature: \_\_\_\_\_

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



# BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

## ECCLESTICAL RECOMMENDATION FOR ADMISSION

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Degree Program for :**  Bachelor of Theology (B. Th.)     Bachelor of Divinity (B. Div.).

Master of Divinity (M.Div.)

Master of Theology (M.Th.)    Systematic Theology    Missiology    Counselling

**To the applicant:** This form is to be completed by your spiritual overseer i.e., **Bishop, District Superintendent, Supervisor, pastor,** and returned by him directly to the office of admissions. I authorize the spiritual overseer identified on their form to complete the recommendation and disclose this to Bible Theological College & seminary. I understand that this form is confidential and that I will not be entitled to review the completed Recommendation. I release the overseer and BTC&S from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

\_\_\_\_\_  
(Signature)

**To the overseer:** Each applicant for admission to BTC&S must submit a recommendation from his/her spiritual overseer. Serious considerations will be given to your comments, therefore, please complete the form carefully. Since a candid evaluation is requested, your comments will help in strictest confidence. The recommendation should be returned directly to the office of BTC&S Admissions.

1. How long have you known the applicant? \_\_\_\_\_ In what Capacity? \_\_\_\_\_
2. How well do you know him/her?  By name/sight     Fairly well numerous personal contact  
 Casually-few personal contact    Very close, personal friendship
3. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Not Observed
Leadership					
Responsibility					
Christian Commitment					
Initiative					
Co-operativeness					
Moral Character					
Social Adaptability					
Integrity / Honesty					

