



BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

#17, Bornmann Enclave, Bagalur Main Road, Kothanur
Bangalore-560077, Karnataka, India. Ph.: 080-28444059
E-mail: btcsangam@yahoo.com Website : www.ibmchurches.com

Please attach a
glossy print
Photo of
Head and
Shoulder

Application for Admission

APPLICATION INFORMATION

Full Name _____ First Name _____ Middle Name _____ Last Name _____ Nick Name _____

Current Mailing Address _____

Ph _____ E-mail _____ Mobile _____

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 do 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) _____

150 Cr.hrs (prerequisite: +2)

Bachelor of Divinity (B.Div) _____

100/50 Cr.hrs (Prerequisite: B.Th from any Bible College)

Master of Ministry (M.Min) _____

Master of Divinity (M.Div) _____

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

Master of Theology (M.Th) _____

Systematic Theology Missiology Old Testament

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

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?

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 a Citizen of India? Yes No

If non-Indian citizen: Country of Citizenship: _____

Under what Visa category did you come _____ Duration of visa _____

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.(_____) _____
Email _____	Email _____
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 you 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.

Original document should be submitted at the time of admission during your study at BTC&S.

Parent's / Guardian's
Signature

Signature of Applicant

_____/_____/_____
Date



BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

#17, Bornmann Enclave, Kothanur, Bangalore – 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 _____ Mobile _____

Name of the 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 postal 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 ` _____ 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 I 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 his or her studies.

FOR OFFICE USE ONLY

President's Signature

Finance Secretary's Signature

Admission Office,
The Biblical Theological College & Seminary,
No. 17, Bormann Enclave
Bagalur Main Road, Kothanur,
Bangalore – 560077, India. Ph: 080- 28444059



RECOMMENDATION FOR ADMISSION

To be completed by the College Professor / Christian Leader

To be completed by applicant:

- Degree Program for:**
- | | |
|---|--|
| <input type="checkbox"/> Bachelor of Theology (B.Th) | <input type="checkbox"/> Bachelor of Divinity (B.Div.) |
| <input type="checkbox"/> Master of Divinity (M.Div) | <input type="checkbox"/> Master of Theology (M.Th) |
| <input type="checkbox"/> Systematic Theology | <input type="checkbox"/> Missiology |
| <input type="checkbox"/> Old Testament | <input type="checkbox"/> New Testament |

Applicant's 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

Please Complete Other Side

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

Yes No If yes, please elaborate.

Do you know of any physical. Mental or emotional problems which might hinder the applicants' academic progress?

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: _____

Recommender's Signature

Date:.....

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

Admission Office,
The Biblical Theological College & Seminary,
No. 17, Bormann Enclave
Bagalur Main Road, Kothanur,
Bangalore – 560077. India. Ph : 080-28444059
E-mail : btesangam@yahoo.com



Office of Admissions
BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

No. 17, Bormann Enclave
Bagalur. Main Road, Kothanur,
Bangalore – 560077. India. Ph. 080-28444059.
E-mail:btcsangam@yahoo.com

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

This Section is 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:**
- | | |
|---|--|
| <input type="checkbox"/> Bachelor of Theology (B.Th) | <input type="checkbox"/> Bachelor of Divinity (B.Div.) |
| <input type="checkbox"/> Master of Divinity (M.Div) | <input type="checkbox"/> Master of Theology (M.Th) |
| <input type="checkbox"/> Systematic Theology | <input type="checkbox"/> Missiology |
| <input type="checkbox"/> Old Testament | <input type="checkbox"/> New Testament |

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 fight to inspect and review this letter; the fight 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: _____

INSTRUCTIONS TO PERSON PROVIDING RECOMMENDATION

This section is to be completed by the Reference

The above named person has applied for admission to Biblical Theological College & Seminary and has named 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 applicant's qualifications and personal readiness for admission into a rigorous academic program that will challenge them personally, intellectually and spiritually.

REFERENCE:

How long have you known 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 of Seminary?
 Yes No

Would you recommend this person to a ministry Position upon completion of Seminary?
 Yes No

ASSESSMENT SECTION

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

Areas of Ability	Excellent	Above Average	Average	Inadequate
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 080-28444059 in order to discuss this recommendation.

Would you like the direction of admissions to call you in order to discuss this recommendation?
 Yes No

Recommender's Signature: _____

Date: _____



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Ph : 080-28444059, E-mail : btcsangam@yahoo.com

ECCLESIASTICAL RECOMMENDATION FOR ADMISSION

Name of Applicant _____

Address _____ City _____ Zip _____

- Degree Program for :**
- | | |
|---|--|
| <input type="checkbox"/> Bachelor of Theology (B.Th) | <input type="checkbox"/> Bachelor of Divinity (B.Div.) |
| <input type="checkbox"/> Master of Divinity (M.Div) | <input type="checkbox"/> Master of Theology (M.Th) |
| <input type="checkbox"/> Systematic Theology | <input type="checkbox"/> Missiology |
| <input type="checkbox"/> Old Testament | <input type="checkbox"/> New Testament |

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.

- How long have you known the applicant? _____ In what Capacity? _____
- How well do you know him/her?

<input type="checkbox"/> By name/sight	<input type="checkbox"/> Fairly well numerous personal contact
<input type="checkbox"/> Casually-few personal contact	<input type="checkbox"/> Very close, personal friendship
- How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Not Observed
Leadership					
Responsibility					
Christian Commitment					
Initiative					
Cooperativeness					
Moral Character					
Social Adaptability					
Integrity / Honesty					
Personal Appearance					

