



South India

Baptist Bible College & Seminary

APPLICATION FORM

PERSONAL INFORMATION

First Name	Middle Name	Last Name			
Gender : <input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <table><tr><td>Date</td><td>Month</td><td>Year</td></tr></table>	Date	Month	Year
Date	Month	Year			
Nationality	Place of Birth				
E-mail Address					
Permanent Address					
City	State	Pin Code			
Phone No	Mobile No				
Preferred method of communication: <input type="checkbox"/> Post <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/>					

The languages you know:

	Mother Tongue	English	Others
Speak			
Read			
Write			

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Name	Roll No.
Class	Year
Date	

Marital Status

Single ☐ Engaged ☐ Married ☐ Divorced ☐ Remarried ☐

Date of Marriage

Date	Month	Year
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This application is for:

- ☐ New college Admission (new freshmen or transfer student)
☐ College Re-admission (former SIBBC&S student) Last year attended?
☐ Graduate School Admission (Bachelors degree required)

I am applying for :

Note : Before completing this section, please read the relevant pages of the Prospectus to be certain that you are selecting the program of study that is appropriate to you.

Diploma in Theology	<input type="checkbox"/>
Bachelor of Theology	<input type="checkbox"/>
Pastoral Studies Emphasis <input type="radio"/>	Mission Emphasis <input type="radio"/>
Music Emphasis <input type="radio"/>	Christian Education Emphasis <input type="radio"/>
Master of Religious Education	<input type="checkbox"/>
M.A. in Christian Counseling	<input type="checkbox"/>
Master of Divinity	<input type="checkbox"/>
Master of Theology	<input type="checkbox"/>
New Testament <input type="radio"/>	Old Testament <input type="radio"/>
Missiology <input type="radio"/>	Theology <input type="radio"/>
Doctor of Ministry	<input type="checkbox"/>

CHRISTIAN EXPERIENCE

Are you born again and Approximate date? ☐ Y ☐ N

Do you attend church regularly? ☐ Y ☐ N

Were you baptized by immersion after your conversion? ☐ Y ☐ N

The specific area of Ministry you are involved in the church

What are your special Talents? What are your hobbies / interests?

Has God called you to His Service ?

Name of church presently attending Pastor's Name

Church Address

City State

Are you Ordained ? ☐ Y ☐ N Date

Did you read the Doctrinal Statement of SIBBC and do you Agree? ☐ Y ☐ N

What are the areas in which you have not formed an opinion ?

What are the areas of disagreement ?

PLEASE ATTACH YOUR PERSONAL AUTOBIOGRAPHY TO THIS APPLICATION

HEALTH INFORMATION

(To be attested by a medical practitioner)

Blood Group Height Weight Any chronic illness / physical disability
 Allergic to :(any Drugs)

Do you suffer from sleeplessness ? ☐ Y ☐ N Have you ever been under psychiatric care ? ☐ Y ☐ N

Do you use tobacco? ☐ Y ☐ N Intoxicant ? ☐ Y ☐ N

Narcotics? ☐ Y ☐ N Long term treatment

Intolerance or allergy to any food

Past treatment & recommendation

Full Name Reg. No Date

Address Seal / Signature of the Doctor

REFERENCE

Please give names, phone number and or email address of individuals you would like to use for character references. Reference must be adults who are not related to you and have known you for one year or more. At least one reference must be from your pastor or someone on your pastoral staff.

Pastor Or Church Leader

Name Phone
Address Mobile
 E-mail
 Pin

College / Seminary Professor / Head of Institution / Organization

Name Phone
Address Mobile
 E-mail
 Pin

Employer / Business Partner / The one who influenced you to apply at SIBBC

Name Phone
Address Mobile
 E-mail
 Pin

FINANCIAL INFORMATION

Do you have sponsor for your study? ☐ N ☐ Y Specify Who

If you do not have a Sponsor, who will support you to study?

How much monthly support will you receive? Rs,

Give an explanation of the funds you will have access to while at SIBBC for fees and expenses

Source Amount per Year

A. Church / Institution / Organization
B. Family / Relatives / Friends
C. Personal Savings / Sources
D. Other

Total Amount

FAMILY INFORMATION

<input type="text"/>	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Father's Name or Legal guardian	
<input type="text"/>	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Mother's Name or Legal guardian	
<input type="text"/>	
E-mail Address	

Permanent Address

City

State

Pin Code

Phone No

Mobile No

ABOUT SPOUSE

(Only for Married Applicants, copy of marriage certificate must be enclosed)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	City	Mother Tongue
<input type="text"/>	<input type="text"/>	<input type="text"/>
Church Denomination	Academic Qualification	Occupation

Is your spouse supportive of your Theological Study?.....☐ Y ☐ N

Is your spouse applying for study at SIBBC?☐ Y ☐ N

Do you require family accommodation at SIBBC?☐ Y ☐ N

ABOUT CHILDREN

Do you require admission for your children at the school of SIBBC? ☐ Y ☐ N

If Yes, state to which class / classes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Gender	Class
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Give few words on the Spiritual Status of your family?

<input type="text"/>
<input type="text"/>

ACADEMIC QUALIFICATION

Provide Information about all post-high school education you attended

Institution	Location	Degree/Diploma	Graduation Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MINISTRY EXPERIENCE

Institution	Location	Duration	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Doctor of Ministry Applicants please answer the following questions

Your Position in the Church

If not the Pastor, Describe your primary ministry to the Church

Name of endorsing Church / organization

Name / Position of person representing endorsing church / organization

CHECK LIST

Passport Photograph - 2 Nos.....	<input type="checkbox"/>
Photocopy of age proof.....	<input type="checkbox"/>
Photocopy of Address proof	<input type="checkbox"/>
Photocopies of all Educational both Secular & Theological	<input type="checkbox"/>
All Questions answered	<input type="checkbox"/>

STATEMENT OF THE APPLICANT

I declare that I shall submit myself to the disciplinary jurisdiction of the President and the authorities of the South India Baptist Bible College and Seminary to exercise discipline and abide by the rules and regulations that exist and that shall be framed.

By signing below, I covenant to support the seminary's testimony in my words and conduct, and to participate in the seminary community in Christian love and integrity.

I testify that all the information given in the form by me is true and correct. I understand that any information which I have furnished above, if proved to be false or incorrect, will automatically disqualify me from being admitted to, or continuing at SIBBC.

Place :

Date :

Signature of the Applicant

FOR OFFICE USE ONLY

DETAILS OF ORIGINALS COLLECTED

DOCUMENT

DATE

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

Mr. / Miss. / Mrs is provisionally admitted to the

ClassSection Year Roll No. Date

Signature of the President