



**B. Family Information:**

Check one :  Single  Married If married,

Spouse's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you have any children?  Yes  No

Name and ages: \_\_\_\_\_

Father :  Guardian:  Deceased? \_\_\_\_\_

Mother:  Guardian:  Deceased? \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

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

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

PIN \_\_\_\_\_ Country \_\_\_\_\_

PIN \_\_\_\_\_ Country \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Brothers & Sisters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother Tongue : \_\_\_\_\_

Language that you speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**C. Mandatory Disclosures:**

Are you undergoing treatment or under medication for any illness ? Yes  No

If yes, specify: \_\_\_\_\_

Are you now or have ever treated fir substance abuse / addition? Yes  No  If yes, Please explain on separate sheet

of paper with has been the resolution of the care and what on - going care is in process.

\_\_\_\_\_

**D. Academic Information :**

List high School, Colleges and universities in the order in which you attended . It is the applicant’s responsibility to have all transcripts sent to the Admission Office at YBC

Programme	Name and Place of the College / Institution	Medium of Instruction	Year of Completion	Class / Division and aggregate %
Schooling				
PUC / PDC / HSC				
Graduation				
Post- Graduation				
Any Other				

**E. Christian Experience and Church Affiliation**

Have you received Jesus Christ as lord and saviour?

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

Have you received believers baptism?

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

Have you received the baptism in Holy Spirit (Acts 2:4) ?

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

Which church do you presently attend or serve?

Name of the church and City : \_\_\_\_\_ Denomination : \_\_\_\_\_

Name of the Pastor : \_\_\_\_\_ Are you member of this  Yes  No

What do you consider as your denomination affiliation ? \_\_\_\_\_

What is your credential ?

\_\_\_\_\_  Believer \_\_\_\_\_  Ordained \_\_\_\_\_  Licensed  
 \_\_\_\_\_  Certified \_\_\_\_\_  Other \_\_\_\_\_

What do you think of your talent or call ?

\_\_\_\_\_

**F. Financial Information :**

How do you plan to finance your education at YBC \_\_\_\_\_

\_\_\_\_\_

Are you being supported by any Church , Organization or Sponsoring Agency ?  yes  No

If yes, give details \_\_\_\_\_

\_\_\_\_\_

Briefly explain your financial situation \_\_\_\_\_

\_\_\_\_\_

## ***G . References***

Please indicate the names and addresses of your Pastor / District pastor who will provide reference on your behalf . **These must not include Parents, Family members or any other close relatives**

Please have your pastor / District Pastor's reference forms completed and let them return to you in sealed envelopes provided to you, include them along with the application form you send to Yeshcol Bible College.

### **Pastor's - Dist Pastors Recommendation:**

Name \_\_\_\_\_

Address : Street \_\_\_\_\_ Town / City \_\_\_\_\_

State \_\_\_\_\_ Pin code: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### ***Declaration :***

I solemnly declare that all the above information is accurate and true to the best of my knowledge . I understand that any false and misleading information given above may lead to disqualification for admission or continuance at YBC and that acceptance to YBC is subject to review and verification of all final records from all institutions I have attended.

If admitted,

I shall attempt to maintain high academic standards .

I agree to abide by the Community Life Standards, observe all policies and regulations of and maintain a high standard of Christian conduct both on and off campus and shall balance my spiritual , personal, family, and social life with my academic life in order to faithfully fulfill responsibilities in all aspects of my life.

I shall accept and abide by the decisions of the administration of YBC if my behavior, character or doctrine is contrary to the spirit and emphasis of YBC and understand, including the possible termination of my study at YBC.

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

Signature: \_\_\_\_\_

### ***Checklist:***

Kindly check if you have all the necessary documents included with your application:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Application Form duly filled with eight passport size photos  | <input type="checkbox"/> Copies of all Academic Certificates / Transcript                         |  |
| <input type="checkbox"/> Application Processing Fee of 200.00 enclosed as Demand Draft drawn in favor of Yeshcol Bible College |   |  |
| <input type="checkbox"/> A detailed personal testimony   | <input type="checkbox"/> Pastors Recommendation filled and signed by the pastor / District Pastor |  |
| <input type="checkbox"/> Birth - Certificate   | <input type="checkbox"/> Nationality ID Proof   | <input type="checkbox"/> Baptism Certificate |
| <input type="checkbox"/> Medical Certificate of Physical Fitness duly filled by a Registered Medical Practitioner              |   |  |

Please return the application along with all the above enclosures to :

## **Yeshcol Bible College & Billage Theological Academy**

Martyr Selvaraj Memorial Hall, Puthucodu, Aruvikarai PO 629711, KK Dist, Tamil Nadu, South India, 04651- 278771

# Application Form - II

## PASTOR'S - DIST. PASTOR'S RECOMMENDATION FORM

1. Name of the applicant \_\_\_\_\_
2. Address of the applicant \_\_\_\_\_
3. How long you know him / her \_\_\_\_\_
4. Does the applicant have any doctrinal views, which are overemphasized ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, comment \_\_\_\_\_

5. Evaluate the applicant on the following aspects by placing a check mark

Description	Excellent	Good	Average	Poor	Do not know
Spiritual submissiveness					
Spiritual Maturity					
Church Involment					
Emotional Stability					
Leadership Potential					
Responsibility					
Talent / Call					
Interpersonal Relationships					
Communication					
Integrity					
Response to Counsel					
Attitude to Authority					

6. What do you consider to be his / her strengths and the areas needing growth? \_\_\_\_\_
7. Give your opinion of the applicant's health (keeping in mind the hard work and emotional pressures which he / she will face while doing the programme and in Christian ministry).
8. Are there any problems in the applicant's family ( opposition from parents, a relative's ill health , lack of finance , or anything else) which might affect his / her studies? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. How do you recommend this applicant for admission to YBC ( check only one) ?  
\_\_\_\_\_with enthusiasm\_\_\_\_\_with some confidence\_\_\_\_\_with reservation \_\_\_\_\_ do not recommend

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please furnish the following information about yourself.**

Name, Designation & Address: \_\_\_\_\_

Phone \_\_\_\_\_

PLEASE RETURN THIS FORM BACK TO THE APPLICANT, SEALED IN THE ENVELOPE PROVIDED

# Application Form - III

## *Medical Certificate of Physical Fitness*

Name \_\_\_\_\_ Age \_\_\_\_\_

### **HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION**

Jaundice \_\_\_\_\_ Surgeries \_\_\_\_\_

Tuberculosis \_\_\_\_\_ Allergy to any drugs / food \_\_\_\_\_

Congenital troubles \_\_\_\_\_ Rhematic heart \_\_\_\_\_

Epilepsy \_\_\_\_\_ Respiratory problems \_\_\_\_\_

Long - term treatment \_\_\_\_\_

### **FAMILY HISTORY**

Blood Dyscrasia / Hemophilia \_\_\_\_\_ Hypertension \_\_\_\_\_

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_

### **GENERAL PHYSICAL EXAMINATION**

Ent Examination. \_\_\_\_\_

Eye \_\_\_\_\_

Cardio - Vascular system \_\_\_\_\_

Respiratory system \_\_\_\_\_

Abdominal examination \_\_\_\_\_

Central nervous system \_\_\_\_\_

### **LABORATORY EXAMINATION**

BLOOD - Hb, TC, PC, ESR \_\_\_\_\_

VDRL \_\_\_\_\_ RBS \_\_\_\_\_ GROUP \_\_\_\_\_ Rh factor: \_\_\_\_\_

Hbs Ag \_\_\_\_\_

STOOT - Occult blood \_\_\_\_\_

Ova / Cyst \_\_\_\_\_

URINE - Micro \_\_\_\_\_

### **SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT**

I do hereby certify that , to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date \_\_\_\_\_

(Doctor's Signature and Reg. No.)

Address \_\_\_\_\_

\_\_\_\_\_