

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 _____
