

ALLAHABAD BIBLE SEMINARY
Affiliated with Senate of Serampore College (University)
60/64, Stanley Road Allahabad – 211002 U.P

APPLICATION FORM

A word to the Applicant:

This application form is to be filled in only after carefully reading the Prospectus. Answers are to be written in your own handwriting with pen and ink. Take care to answer all questions accurately and as completely as possible.

**Affix
Photograph**

Allahabad Bible Seminary is primarily concerned with training young men and women who feel that God has called them for full-time Christian service. The Seminary is convinced that for this the basic minimum spiritual qualification is to know Jesus Christ as one's own personal Saviour. Therefore those who have not a definite conversion experience (See Jesus words in John 3:3.5) should not make application

01. Full Name.....

02. Father's Name/Husband's Name.....

03. Date of Birth.....

04. Present Address.....

.....
.....

Pin Code.....

Mobile/Telephone No. with STD Code.....

05. Permanent Address.....

.....
Pin Code:.....

Mobile/Telephone No. with STD Code:.....

06. In which language do you want to study: English/Hindi?

.....

07. Which course do you want to apply for: B.D. Five year/Four year

.....

08. Married Status: Unmarried\Married

Number of Children and their ages.....

Name and Educational qualifications of your spouse:.....

Do you plan to bring your family?

Does your spouse also would like to study?

(Married quarters are very limited, so the Seminary will inform you whether or not quarters will be available if you are accepted.)

09. When did you accept Christ as your personal Saviour?

10. When were you baptized?.....

11. Of which Church are you a member?.....

12. Educational Qualification:

a. Examination passed:.....

b. Name of the Board/University:.....

c. Year of passing:.....

d. Registration No.:.....

13. Additional study (Theological / Secular) Course

.....

.....

14. What languages do you speak, read and write?.....

15. Your Mother tongue:.....

16. Occupation of your FatherMother.....

17. Are your parents Christians?

If so, members of which Church?

18. Which Church, Institution or Mission is willing to sponsor you financially?

.....

19. Give the name and address of the following: (Please attach a recommendation letter from each one of them)

a. Your Pastor.....

.....

b. Church Leader

.....

- c. Your employer or any other responsible person who can give information about you

.....
.....

Declaration:

“All the information given in this application is correct to the best of my knowledge. Any information found incorrect/incomplete or false, my admission may be treated as cancelled.”

.....
Full Signature

Date:.....

Along with the application, send the following:

1. The medical questionnaire signed by a qualified doctor.
 2. A true copy of your school leaving certificate and highest diploma or degree. (Matric and 10+2 Pass or Fail certificate, Degree, Diploma) Migration / Transfer certificate from the Board/ University is must at the time of admission
 3. Letter of recommendation from the Pastor of your Church, Church leader and a responsible person which will indicate your suitability for studying at Allahabad Bible Seminary.
 4. A letter of financial sponsorship from the church or group that will be responsible for paying your expenses.
 5. On a separate paper, a brief sketch of your life and Christian experience in your own handwriting.
 6. Rs. 150.00 Application fee (if not previously sent).
- Send completed application from with above necessary documents to:

**The Academic Dean
Allahabad Bible Seminary
60/64, Stanley Road, Allahabad – 211002 U.P. India**

Allahabad Bible Seminary

60/64, Stanley Road
Allahabad – 211002 U.P. India

CHURCH MEMBERSHIP CERTIFICATE

This is to certify that Mr./Miss/ Mrs.

.....

Son/Daughter/Wife of

.....

Is full member of

.....

..... (Name of the church)

For the last Years. I recommend him/her for the theological studies.

Date.....

.....

(Signature)

.....

.....

(SEAL)

(Name and Designation)

Address:

.....

.....

.....

Allahabad Bible Seminary

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FINANCIAL GUARANTEE CERTIFICATE

(Must be filled by the sponsoring authority)

1. Name of Candidate.....

2. Postal Address.....

.....

3. Name of Sponsor and Address

.....

.....

Full Scholarship
(Define).....

4. Name and Address of responsible persons to whom the bills are to be sent for payment:

.....

.....

.....

“I hereby declare that I will be responsible for all the payments of the bills of the above mentioned candidate pertaining to his stay and studies at ABS.”

.....

.....

Date.....

(Signature and Designation)

(SEAL)

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MEDICAL QUESTIONNAIRE

To be filled in by the applicant:

Full Name

.....

Medical History.....

- a. Have you ever suffered or suffering with any disease that can affect your future ministry Explain

.....
.....

- b. Give details of any accidents, injuries or operations you had undergone in the past five years

.....
.....

- c. Tick the word which you feel best describes your health:

Excellent \ Good \ Fair \ Poor

To be filled by a qualified doctor:

1. General Health Appearance.....

2. Height.....Weight.....

3. Any deformities.....

4. Abdomen.....

5. Chest.....

6. Pulse.....Blood Pressure.....Blood Group.....

7. Gentic-Urinary System.....

Remarks:.....

.....

Date.....

Signature and Qualification of Doctor

(SEAL)