



# SIELMAT BIBLE COLLEGE

P.O. Box - 3, Churachandpur, Manipur - 795128, India

**Email:** sbc\_sielmat@yahoo.co.in

**Contact:** Principal-9862965894/Registrar-8974607358

## ADMISSION FORM FOR CONTINUING STUDENTS

1. Name of student in full(IN CAPITAL LETTERS): .....

Contact No..... E-mail .....

2. Permanent address: .....

.....

3. Name of parent /guardian.....

Occupation: ..... Phone No. ....

6. Result of last examination conducted by the College:

Course & Year	Percentage	Grade	Year of completion

*(Photo copy of Mark sheet/Transcript to be attached)*

7. Name of the course for which Admission is sought: .....

8. Are you a sponsored student?  Yes

a)If yes, give the name of your sponsor:.....

b) If no, name of person(s) responsible for your financial support

Name .....Phone No. ....

Designation/Occupation .....

9. Outstanding Dues (If any): \_\_\_\_\_

Date.....

\_\_\_\_\_  
Signature of student

Send to:

The Registrar, Sielmat Bible College  
P.O. Box-3, Churachandpur, Manipur-795128  
(Whatsapp No. 8974607358)