



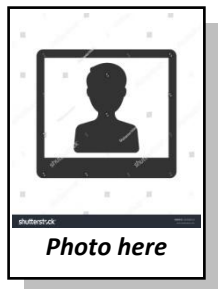
# SIELMAT BIBLE COLLEGE

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

Email: [sbc\\_siemat@yahoo.co.in](mailto:sbc_siemat@yahoo.co.in)

8798800585 (Principal): 8794179530 (Registrar): 8730944385 (Academic Dean)

## APPLICATION FORM FOR ADMISSION



<u>Course Offered</u>	<u>Duration</u>	<u>Qualifications</u>
1. Diploma in Theology (Dip. Th)	2 Years	<input type="checkbox"/> 10+
2. Bachelor of Theology (B. Th)	3 Years	<input type="checkbox"/> 10+2/ Dip Th (ATA)
3. Master of Divinity (M. Div)	3 Years	<input type="checkbox"/> Graduate/ B.Th (ATA)
4. Master of Divinity (M. Div)	2 Years	<input type="checkbox"/> B.Th (ATA) with B Grade & above

✓ Tick the name of the course for which admission is sought

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

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

2. Date of birth .....

3. Permanent address: .....

4. Name of father/ mother/ guardian: .....

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

5. Intended Mode of Residence for the Academic Year: ☐ Residential (Hosteller)  
☐ Non-Residential (Day Scholar)

5. Marital Status: ☐ Married ☐ Unmarried

If married, a) Name of Spouse: .....

b) Number of Children: .....

6. Academic Qualifications:

CLASS	DIVISION/RANK	BOARD	YEAR

(List in order of examinations passed – from Class-x and above; attach attested copies of certificates)

7. Mother tongue: ..... Other language(s) you can speak.....

8. Church (denomination) of which you are a member: .....

9. Are you a full time worker in the ministry? ☐ Yes ☐ No

(a) If yes, indicate past and present work and experience with date(s)

.....

(b) If no, what kind of ministry do you intend to do upon the completion of your course?

.....

10. Are you a sponsored candidate of your Church/Association? ☐ Yes ☐ No

If yes, give the name and address of your General Secretary/Executive Secretary/President:

Name: ..... Designation: .....

Name of Church/ Association: .....

11. Person(s) responsible for your financial support while you are in the college. (Please enclose a letter of financial commitment or sponsorship authorization separately attached to this form)

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

Designation/ Occupation.....

Address .....

12. Name and address of three persons who can give confidential information about you. These three persons must be:

a) Local/Area Pastor: .....

b) Local Church Committee Chairman/ Secretary: .....

c) Presbytery/ Field Secretary: .....

13. Give your personal testimony and a brief autobiographical statement on a separate sheet of paper with special reference to those influences significant for your decision to pursue theological education.

**I declare that the information given above is true to the best of my knowledge.**

Date.....

\_\_\_\_\_  
Signature of applicant

**DOCUMENTS TO BE INCLUDED WITH APPLICATION FORM**

1. Attested photo copies of certificate(s) and mark sheets (see Sl. No. 6)
2. One recent passport sized photo
3. Letter of financial support (see Sl. No.11)
4. Health/medical certificate from a medical practitioner
5. Autobiographical statement written in your own

*Duly filled in application form along with required documents should be sent to:*

The Registrar  
Sielmat Bible College  
P.O. Box-3, Churachandpur, Manipur-795128  
+918794179530  
E-mail: shakumjoshua71@gmail.com