



# SIELMAT BIBLE COLLEGE

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

Email: [sbc\\_sielsmat@yahoo.co.in](mailto:sbc_sielsmat@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 (DipTh)	2 Years	<input type="checkbox"/>	10+
2. Bachelor of Theology (BTh)	3 Years	<input type="checkbox"/>	10+2/ DipTh (ATA)
3. Master of Divinity (MDiv)	3 Years	<input type="checkbox"/>	Graduate/ BTh (ATA)
4. Master of Divinity (MDiv)	2 Years	<input type="checkbox"/>	BTh (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)

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

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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 handwriting.

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

**The Registrar  
Sielmat Bible College**



**WhatsApp: 8794179530**

**E-mail: shakumjoshua71@gmail.com**