



BAPTIST BIBLE COLLEGE & SEMINARY

Karamcode, NH66, Chathannoor, Kerala 691579

+04742593793 ,9495474994 email: info@baptistbiblecollege.in

website : www.baptistbiblecollege.in

APPLICATION FORM

Please fill up this form in English (USE CAPITAL LETTERS).

Incomplete application forms will not be considered

GENERAL INFORMATION

1. Indicate the course applied for: (Tick the appropriate)

Affix a recent passport size photograph duly signed by the applicant on the front

Course	Requirements	Duration
B.Th	12 th Pass or Equivalent (10+2)	3 years
B.A. & B.Th.	12 th Pass or Equivalent (10+2)	3 years
M.Div.	B.Th. 2 nd Class	2 years
M.A. & M.Div.	B.A. /Equivalent	3 years
M.A. & M.Div.	B.Th. 2 nd Class with B.A. /Equivalent	2 years

2. Name: Sex: Male Female
(Asper School Leaving Certificate)

3. Permanent Address:

District: State: Pin:

4. Address for Correspondence:

District: State: Pin:

5. Phone Number: E-mail ID:

6. Date of Birth: / / Age: Place of Birth:

7. Nationality: Mother tongue:

8. Other languages you can speak:

Write:

9. Is any of your relative studying or employed at present in this college? Yes NO

10. If yes, what is his/her name? Relationship

11. Marital Status: Single Married

If married

a. Spouse's full name: Date of Birth:/...../.....

b. Educational Qualification: Date of Marriage:/...../.....

c. Occupation of your spouse:

d. Do you have children? Yes No

If "Yes", furnish the following:

SNo.	Name	Sex	Age	Class (if studying)
1.				
2.				
3.				

12. Parent's Name and Address:

Father's Name:	Mother's Name:
Occupation:	Occupation:

Address:

District: State: Pin:

Telephone: E-mail:

13. Guardian's Name: Occupation:

Address:

District: State: P.i.n.:

Telephone: E-mail:

14. Annual income of parents/family: S. ource of income:

15. Name and address of a relative friends who lives closest to this College:

District:State:.....Pin:.....

Tel:E-mail:

16. List all the institution (from class X onwards) where you have studied:

COURSE/ DEGREE	NAME & ADDRESS OF THE INSTITUTION	YEAR PASSED	PERCENTAGE SCORED	CLASS RANK

Attach photocopies of all the relevant certificates along with the filled up application form

17. Specify your branch of study: Graduate:Post Graduate:
(Applicable only for M. Div. Applicants)

17. Special honors conferred (if any):

18. Have you accepted Jesus Christ as your personal Savior? Yes No

If yes, date: month: year: (attach your salvation experience on a separate sheet)

19. Denomination/church affiliation:.....

20. Duration of membership in this church:

21. Name and address of the local church where you are a member:

22. Specify your involvement in the church activities (if any):.....

23. Are you sure that God has called you for His ministry?:.....

24. Specify your talents, hobbies or interests:

25. Specify the area of ministry you have had if any: Pastoral Ministry Children's

Ministry Youth Ministry Sunday School Evangelism

Others: for how long:

26. What do you plan to do after graduation?.....

27. Who will meet your financial needs? Self Parents Church Any other

Name & Address of your sponsor:.....

.....

28. Were you ever treated for any chronic disease such as Tuberculosis, Epilepsy, Rheumatic heart, Asthma, Diabetes, High B.P. etc.? If yes, specify:.....
29. Are you physically challenged? Yes No If yes, specify:.....
30. Have you ever been treated for psychiatric disorder? Yes No
31. Do you have the habit of using tobacco, drugs, intoxicating drinks etc.? Yes No
32. What are you doing now? Employed Student Waiting for result Unemployed
Church Ministry Teacher , Any others:
33. Have you ever discontinued or been debarred from your studies or subjected to other disciplinary action? Yes No
If yes, mention the institution: Year(s):
Reason(s).....
34. Please attach the following along with the application form:
A neatly written statement of your conversion experience
Call to ministry
A neatly written statement of your desire to pursue theological education and motivation for you to joining Logos (not more than one page).
35. Please give the names and addresses of two individuals who will provide references about your academic ability and spiritual maturity:
1. Name:..... 2.Name:
Address:..... Address:.....
Telephone:..... T. elephone:.....
Email: Email:
36. Please give the names, addresses and telephone nos. of two individuals whom you like to visit/call or expect visit/call from while you are in the college.
1. Name:..... 2.Name:
Address:..... Address:.....
Telephone:..... T elephone:.....
Email: Email:

DECLARATION

I,..... do hereby declare that all the information furnished in this application is true and correct to the best of my knowledge and belief and I promise to abide by the rules and regulations of the college, if selected.

Date:.....

Signature of Applicant

FOR OFFICE USE ONLY

Mode of application fee received : MO / DD / CASH

Date of the receipt of application :

Date of Interview :

Result of Interview & Written Test : Admit / Wait list / Reject :

Date to Report :

Date of Admission and No. :

Course Admitted to :

Date of leaving / removal / graduation :

Degree awarded :

Remarks:
.....

Admissions Coordinator



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ECCLESIASTICAL REFERENCE

A spiritual mentor/pastor who is acquainted with the applicant's spiritual growth should fill this portion of the form:

Name of the Applicant:.....
Address:.....
Desired Course of Study:.....

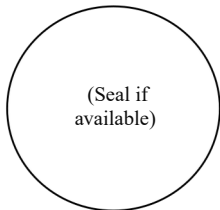
1. How long have you been acquainted with the applicant?In what capacity?.....

2. How would you appraise the applicant's ability in the following areas?

Qualities	Poor	Average	Good	Outstanding
Relationship with Christ				
Relationship with spouse/family				
Relationship with church members				
Prayer life of the Applicant				
Bible knowledge				
Acceptance in society				
Preparedness to face hardship				
Openness to new ideas				
Moral Life of the Applicant				
Emotional maturity				

3. Do you recommend this applicant for studies at Logos?

- Strongly recommend
 Recommend
 Recommend with reservation
 Do not recommend.



Signature:.....

Name:.....

Position:.....

Phone Number:.....

Admissions Coordinator
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SPONSORSHIP FORM

This portion to be filled up by the applicant:

Name

Address:

Desired Course of Study:

The sponsor should fill up this portion of the form

I/We,,
 hereby promise to sponsor the studies of,
 (name of the applicant) at Logos College of Advanced Studies. I/We shall be
 responsible for all his/her financial matters related to the studies. I/We undertake to
 academic year and before clear all arrears one month before the end of every graduation.

Signature:

Address:

.....

.....

.....



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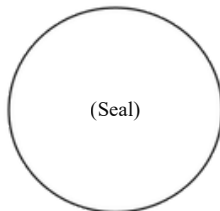
MEDICAL FORM

Name:..... Address:.....

An authorized medical practitioner should fill this portion of the form

1. Name of the applicant:
2. Date of birth: Sex:.....
3. Height (in cms):..... Weight (in kgs):
4. General: ENT
- Skin.....
- CVS.....
- Eyesight
- Abdomen
5. Family History: Hypertension.....Diabetes
- Blood group
- Asthma.....
- Jaundice.....Surgery.....
- Fits..... Long-term treatment
- Allergy to any drugs.....
- Intolerance or allergy to any food
5. Past treatment and recommendation:.....

Date:



Signature of the Doctor



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ACADEMIC REFERENCE

Name of the Applicant :

Address :

Desired Course of Study :

This portion of the form should be filled by a professor or a teacher who is acquainted with the applicant's academic performance.

1. How long have you been acquainted with the applicant?

2. The last course of study the applicant had before he left your institution

S.S.L.C Pre-University Undergraduate Postgraduate

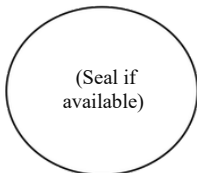
3. How would you appraise the applicant's ability in the following areas?

Qualities	Poor	Average	Good	Outstanding
Intellectual ability				
Relationship with others				
Reactive thinking				
Proficiency in English				
Written communication skills				
Oral communication skills				
Leadership skills				
Attitudeto authority				
MoralLife				

4. Doyou recommend this applicant for studies at Logos?

Strongly recommend Recommend Recommend with reservation

Do not recommend.



Signature:

Name:

Position:

Phone Number:

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