

For Office use only, Regn. No.....

Course	Harvest Mission Centre Pongode,Parandode P.O	
Received on	Trivandrum - 695542 Kerala	Photo
Admission Given	e-mail: harvestmbc@gmail.com Phone: 9400554833, 9080090765	
Enrolled on Fee Payment Position Joined on		

APPLICATION FOR ADMISSION

Note: Please take a print and fill up this from carefully in your own handwriting, and send to the Registrar, Harvest Mission Bible College & Seminary, Pongode, Parandode P.O, Trivandrum, Kerala; latest by March 25 with all required documents as mentioned in the page of admissions(application procedures)

1.Name (in capit	al le	tters) [
2. Age			<u> </u>]			•									•			
3. Sex (Male/ Fe	male	;)																			
4. Date of birth a to school/churc		-	-				l			[r	nont] h			year	r					
5. Nationality : .				•••••						1.	nom	11			yea	L					
 6. Place of Birth Village State . 7. Mother Tongu 8. Other Languag 1 2 9. Permanent Ma 	e ges	wn	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Sp Sp Sp Sp	 beak beak beak	••••		•••••		•••	Wr Wr Wr	ite						
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Vill/Town P.O																					
District																					
State																					
PIN Code E-mail							Ph	one													
		1	1	1	1	1	1						1	1	1	1	1	1	1	1	

10. Present Mailing Address (In capital letters)

No. Street Vill/Town P.O. District State PIN Code E-mail							Phe	one													
11. Name of Pare	ent/G	uard	lian(C	Capit	tal le	etters	s)	••••				•••••			••••	••••	••••	••••	••••		
Name No. Street	12. Mailing Address of Parent/Guardian Name Occupation No. Street Vill./ town P.O. District																				
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Telephone	•••••	••••	• • • • • •	••••	••••	••••			E-m	ail.	••••	•••••	• • • • • •	• • • • •	••••		••••	• • • • •	• • • • •		
13. Local guardian (if any), or nearest relative or close acquaintance to be notified in case of an emergency Name House No																					
Street name	• • • • • •	••••	•••••	••••	• • • • •	• • • • • •	• • • •		Are	a	••••	• • • • • •	••••	••••		• • • • •	••••	• • • • •			
Town/ city	•••••	••••	•••••	• • • • • •	••••	••••	• • • •		Pho	ne .	••••	••••	•••••	••••	••••	••••		•••••			
14. Relative(s) st Name Relation		••••	•••••	• • • • • •	• • • • • •	• • • • • •	••••	••••													
15. Marital statu	s if m	narrie	ed _Γ		ן Sir	ngle	Г		ך Ma	arrie	d∟		Div	vorce	ed						
15. Marital status if married Single Married Divorced Spouse's Name No. of children children children's name and age 1) 1) 2) 3)																					
16. Are you in go If no, the	ood h n me	ealth ntior	n at p n the :	rese natu	nt? [re of	f ill-l] Y₀ heal	es th		٦ 	••••] No) 	••••	••••		••••	••••	•••		
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17. Do you have any physical handicap? Yes No If Yes, then mention the type of handicap																					
18. Have you undergone any major surgery? Yes No If yes, mention the nature of surgery/therapy																					

19. Have you had true conversion experience to Christ? (If yes, when?) yes No
(Attach a description of your salvation experience in your personal testimony)
20. Have you been baptized? (If yes, when?) Yes Date
21. Have you been baptized with the Holy Spirit? Yes No
22. Denominational Affiliation :
23. Member of which local church :
24. Christian ministerial experience, if you have any (give details)
25. Connection with Harvest Ministries (If any):

26. Academic and professional qualification.

Please list the academic and professional qualification. (Attach photocopies of the documents such as degree, diploma certificates, mark transcripts etc..)

Institution and Place of Study	Attended From/to	Name of Certificate/ Diploma/Degree Received	Grade	Year/month

27. What is your special gift(s) in the Ministry (be specific)

1..... 2. 3.

28.	Do you have any talent in Music/Musical instruments/singing?
29.	State your reason (s) for choosing HMBCS for your theological education

30. State your purpose in coming to HMBCS

31. Were you ever a user of or do use tobacco, drugs, Alcoholic drinks? \Box Yes \Box No

32.	Programme	to which you s	seek admission.	🔲 BTh.	☐ Mdiv.
22	D 1	1 0 1	11 0 0 11 1	• • • • • • • • • • • • • • • • • • • •	

33. Do you have any definite call for full time ministry? \Box Yes \Box No

34. If given an opportunity, are you willing to work with HMI after your successful completion in HMBCS? Yes No

35. Are you willing to abide by the rules and regulations of HMBCS Yes No

36. Who and how you pay your college fees? (Attach a letter of assurance of financial support from parents or any other source)

37. Give name and full postal address of two dignitaries as references preferably your pastor, and another professional/ teacher, Christian leader, and request them to complete the letter of references and return it to you in a sealed envelop with his signature across the flap. (address must include phone No. and E-mail ID if any)

address	position
address	position

DECLARATION

I declare and confirm that the information given in this application is accurate and I promise that if admitted to HMBCS, I will conduct myself at all times, abide by all the rules and regulations of the college, be faithful and diligent in my studies so as to fulfill the purpose of my joining HMBCS.

Place:....

Date:....

Signature of the Applicant

Signature of Parent/Guardian_____

APPLICANT'S CHECKLIST

(Make sure you have met/enclosed all requirements listed below. Put in the boxes if you have completed the requirement)

- □ Duly filled in application form.
- □ Academic Certificates and mark lists of 10th, Plus 2, Degree etc. (original should be submitted at the time of registration)
- $\hfill\square$ Recommendation letter from the local church.
- $\hfill\square$ Medical Certificate in the prescribed form.
- □ Letter of assurance of financial support from parent/organization/local church.
- □ Personal Testimony of the applicant.
- □ Reference letter (must be filled in by the referee with his signature. He can either put filled reference letter in sealed envelop and return it to the applicant or send directly to the college)
- Two passport size photos.
 (Please do remember, application which do not accompany the above documents will not be considered for admission).



HARVEST MISSION BIBLE COLLEGE & SEMINARY

Letter of Reference

Mr. / Mrs. /Miss..... is seeking admission at the HMBCS.

Kindly fill in this form and put in sealed envelop with your signature across the flap and either return it to the applicant or send directly to the college. We trust that you will give accurate information. Your report will be kept confidential.

- 1. How long do you know the candidate?
- 2. What is your relation with the candidate?
- 3. Do you believe that the candidate is truly born again?
- 4. Do you know if the candidate has a call by the Lord for Ministry?
- 5. Was/Is the candidate ever married?
- 6. Is the candidate separated from wife /husband?
- 7. How many children the candidate has?
- 8. Was he/she any time in drug abuse?
- 9. Was he/she any time an alcoholic?
- 10. Did/does the candidate have any association with any terrorist movements?
- 11. Is he/she having any bad habit like smoking, tobacco, movie going etc.
- 12. Is ther any physical or mental handicap for the candidate that will hinder the studies in Bible College?
- 13. Is there any special point you want us to know that will help him/her colleges studies?
- 14. Any weakness, we should know, that we can be of special help?
- 15. Please circle your remark:

1) Ability to work with others	: Poor	Fair	Good	Excellent
2) Ability to handle English	: Poor	Fair	Good	Excellent
3) Ability to write	: Poor	Fair	Good	Excellent
4) Willingness to do works	: Poor	Fair	Good	Excellent
5) Burden for the unsaved	: Poor	Fair	Good	Excellent
6) Willingness to be under disciplin	ne : Poor	Fair	Good	Excellent
7) Financial status of parents	: Poor	Fair	Good	Excellent

Note: You may use separate sheet of paper for any other comments.

Date	:	Designation:	
Your name	:	Signature :	
Your addres	s:		
Phone	:		

Note: Take two copies of Letter of Reference and give to two Christian leaders for filling and sending by them

HARVEST MISSION BIBLE COLLEGE & SEMINARY



Harvest Mission Compound, Aryanad P.O, Pongode, Parandode <u>Trivandrum, Kerala- 695542</u> <u>e-mail: harvestmbc@gmail.com</u> Phone: 9400554833, 9080090765.

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN

PERSONAL DATA:

	Height:	feet	inch
	Weight:	Kg.	
	B.P.		
	Colour of eyes		
	Colour of hair		
	Blood Group		
	Personal Identification	mark(s)	
Date	 		
Place	:		
Seal	:		Signature of Physician
	Name : Address:		

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