

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 No Date.....

21. Have you been baptized with the Holy Spirit? Yes No

22. Denominational Affiliation :

23. Member of which local church :

Place :.....

Name of pastor:.....

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? Yes No

32. Programme to which you seek admission. BTh. Mdiv.
33. Do you have any definite call for full time ministry? Yes 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)

1. Name..... position.....
address.....
.....
Phone:..... E-mail:.....
2. Name..... position.....
address.....
.....
Phone:..... E-mail:.....

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

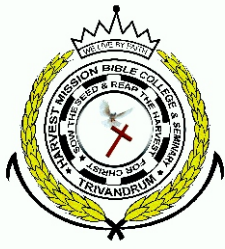
Signature of Parent/Guardian _____

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)
- Recommendation letter from the local church.
- 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 discipline	: 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 address:

.....

Phone :.....E-mai :-.....

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

Trivandrum, Kerala- 695542

e-mail: harvestmbc@gmail.com

Phone: 9400554833, 9080090765.



MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN

I have thoroughly examined Mr./Miss.....
Son/daughter/ward of I do certify that this candidate does not
have any physical infirmity that will him/her from strenuous studies in your Bible College. I certify that this
student is in good health.

PERSONAL DATA:

Height: -----feet-----inch
Weight: -----Kg.
B.P. -----
Colour of eyes -----
Colour of hair -----
Blood Group -----
Personal Identification mark(s) -----

Physician's Report: -----

Date :
Place :
Seal :

Signature of Physician

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