

Indian Institute of Theology and Mission

K M 501, Yogeshappa Road, Kammanahalli, St. Thomas Town .P.O
Bangalore - 560 084 India

Affiliated to Royal Charter Schools Canada- Canadian Graduate School Of Theology

Application Form

(for office use only)

Application Received on

Call Letter Sent on

Date Interviewed

Admitted to

Admission Granted on

Registration No

Remarks

Kindly Affix applicant's
recent Passport size
photo

Instructions on filling the form

1. Please read the form thoroughly before filling.
2. Please write clearly and legibly in your own handwriting.
3. Forms filled in by persons other than you, will be rejected.
4. Please give all the information asked for in the form.
5. Please attach copies of your certificates.
6. Please enclose two passport-size and two stamp-size photographs.
7. After filling in, send by registered mail to The Registrar, KM 501, Yogeshappa Road, Kammanahalli, St. Thomas Town P.O. Bangalore 560 084, India.
8. Last date for receiving filled in application form is June, for admission for the same year.

Applicant's Check List

1. Answered all questions in application?
2. Copies of Certificates enclosed?
3. Testimony of Conversion and Call to Ministry enclosed?
4. Passport-size and Stamp-size photographs enclosed?
5. Medical Report enclosed?

Course Applied for

- Bachelor of Theology Bachelor of Religious Education Bachelor of Missions
- Bachelor of Divinity Master of Divinity Master of Religious Education
- Master of Theology

I. PERSONAL INFORMATION

Name (IN BLOCK LETTERS): Mr / Mrs / Ms

Nationality :.....Mother Tongue :.....

Date of Birth :..... Age Gender

Father's Name :.....Mother's Name :.....

Father's/ Mother's Occupation.....

Permanent Address :.....

.....Pin

Mailing Address :.....

.....Pin.....

Phone Number.....E-mail.....

Marital Status: Single Married Engaged Widowed
 Separated Divorced Remarried

Spouse's Name :..... Date of Marriage

Nationality of Spouse:.....Number of Children.....

Church Denomination:.....

Name of your Pastor/Priest/Elder:.....

Name & Address of your Church:.....

.....Pin.....

Phone Number:.....E-mail:.....

II. EDUCATIONAL BACKGROUND

Name of the Institution (List all the secondary schools, colleges, and universities attended.)	Attended From/ To	Degree/Diploma/ Certificate Attained	Grade Received

III. SPIRITUAL QUALIFICATIONS

Have you received Christ as your personal Saviour? Yes No

Have you received Water Baptism? Yes No

In which Church do you have membership?

Do you have the conviction that the Lord has called you for His ministry? Yes No

The applicant is required to fill in the form 3 describing his/her testimony of conversion and call to ministry.

IV. GENERAL INFORMATION

Why do you want to study in a Bible College?.....

.....

How did you know about IITM?.....

What do you intend to do after your Bible College studies?.....

Who will provide financial support for your studies?.....

Is your family and Church supportive of your study in this Bible College?.....

What gifts/talents do you have that will be useful in Christian ministry?

.....

What are your interests? (Hobbies, recreational activities, etc.).....

.....

V. REFERENCES

Two references are required. They should be mature Christian leaders who have known you for at least two years. Reference should be obtained from the following: (a) your church pastor/priest/elder, (b) Community Leader/Denominational Head/Institutional Head. Please request each reference to complete the appropriate form and send directly to the Bible College.

1. Church Pastor/Priest/Elder

Name:.....Position:.....

Address:.....

Phone:.....E-mail:.....

2. Community Leader / Denominational Head / Institutional Head

Name:.....Position:.....

Address:.....

Phone:.....E-mail:.....

VI. PERSONAL COMMITMENT

I, declare that all information presented in this application is accurate and complete. I understand that I am responsible for my own support, study materials and medical expenses during the period of my studies, and that Indian Institute of Theology and Mission shall not be held responsible for any financial indebtedness incurred by me in or out of the Bible College. I am willing to trust the Lord for the provision of all my needs.

I pledge that if I am accepted as a student of IITM, I shall abide by the rules and regulations set by the Bible College and the Faculty and will at all times conduct myself as a Christian, faithfully and diligently apply myself to the studies as required by the Bible College curriculum to accomplish the intended purpose.

I shall submit to the right of the Faculty of IITM to take any disciplinary action even unto expulsion, in the event of my willful violation of the rules and regulations of IITM.

Signature of Applicant.....

Place.....

Date.....

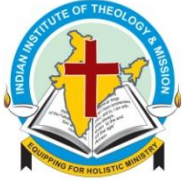
Confidentiality Policy

Indian Institute of Theology and Mission is committed to maintain the confidentiality of the student's personal information and undertakes not to divulge any of the student's personal information to any third party without the prior written consent of the student.

Requirement for Admission

1. All applicants must be born again Christians willing to follow the teachings of Jesus Christ, members of a local Church where they are in active fellowship, and willing to submit themselves for the studies.
2. Applicants should be able to read, write and speak English fluently.
3. Applicants for the Bachelor of Theology must have passed 10th Std / +2 / PUC or equivalent examination.

Form -2



Indian Institute of Theology and Mission

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Bangalore - 560 084 India

MEDICAL EXAMINER'S REPORT

Name of the Applicant:.....Date of Birth.....

Age..... Height..... Weight..... Male Female

Address.....

.....

General Health, Vitality and Endurance		
Heart:	Lungs:	
Blood Pressure:	Digestive system	
Nervous system	Genito-urinary system:	
Musculo-skeletal system:		
Physical deformity (if any):		
Ears:	Eyes:	Nose:
Throat:	Sinus:	Teeth:
Hepatitis B test	(i) Antigen:	
	(ii) Antibody:	
Urine: Albumin	Sugar	Microscopic
X-ray chest		

Is the applicant physically and psychologically fit for studies ? Yes No

Comments:.....
.....

Name of Medical Examiner.....

Signature.....Date.....

Address.....
.....

Phone.....E-mail.....

Official seal



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LETTER OF RECOMMENDATION

To be completed by the applicant

Applicant's name.....	Date.....
Course applied for.....	
This copy of the letter of recommendation form is for (please tick):	
<input type="checkbox"/> Church Pastor	<input type="checkbox"/> Community Leader / Denominational Head / Institutional Head

Dear Sir/Madam,

The above-mentioned has applied to Indian Institute of Theology and Mission. The Registrar's office would appreciate an honest estimate of the applicant's personality and character traits, and will treat your reply as confidential. This form should be sent directly to **The Registrar, KM 501, Yogeshappa Road, Kammanahalli, Bangalore 560 084, India.** Thank you.

How long have you known the applicant?.....

In what capacity?.....

Have you good reason to believe that the applicant has personal faith in Jesus Christ as Saviour and Lord?

Yes No

What do you know about the applicant's personal commitment to Lord's ministry?.....

.....
.....

What do you think are the main areas of strength and weakness in the applicant's life?.....

.....
.....

Please tick one.

I recommend the candidate very highly. I recommend the candidate.

I recommend the candidate with certain reservations. I do not recommend the candidate.

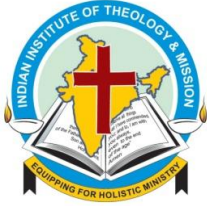
Name.....Position.....

Address.....

Phone(O).....(H).....

Fax.....E-mail.....

Signature.....Date.....



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UNDERTAKING BY PARENT / GUARDIAN

I, father / mother / guardian of
....., applicant for admission to Indian Institute of Theology and Mission, Bangalore
hereby solemnly affirm my agreement to the rule that the Bible College authorities have the prerogative

1. To summarily terminate my ward's studies there, on reasonable grounds, in the middle of the course, and
2. to hold back the original certificates which would be submitted to the Bible College for safe custody, until I pay the compensation for what the Bible College would invest in the applicant. In the event of admission being granted, if he / she leaves the studies there in the middle of the course **(a)**. of his / her on accord or **(b)**. because he / she caused the discontinuation.

This document thereof is duly (1) signed by me willingly on theinstance of the month
ofin the yearand (2) counter-signed by the applicant.

.....
Signature of the Parent / Guardian

Place

Name and Address of Parent / Guardian

.....
.....
.....

Phone:

E-mail:

.....
Counter-signed by the applicant

Name and Address of the applicant

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.....
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