

# **ADMISSION FORM**

Bachelor of Theology (BTh)

### **PERSONAL INFORMATION**

| Name:                                    |                          | _ |
|--|--------------------------|---|
| Gender:M F Date of Birth                 | Age                      | _ |
| Marital Status Single Married            | _ Widow/Widower Divorced |   |
| If married, name of spouse:              |                          | _ |
| No. of children                          | Mother Tongue:           |   |
| Current Address:                         |                          | _ |
| Village Post Office                      |                          |   |
| PIN                                      |                          |   |
| Mobile No.:                              | WhatsApp No:             | _ |
| Email:                                   |                          | _ |
| Name of the Church:                      |                          |   |
| Languages you can speak:                 |                          | _ |
| Languages you can read:                  |                          | _ |
| Languages you can write:                 |                          |   |
| When did you become a follower of Jesus? |                          | _ |
| Date of Baptism                          | Place of Baptism         |   |
| You were baptized by:                    | Mobile. no :             |   |

## **EDUCATIONAL INFORMATION**

| Are you 10th pass?                                  | If yes, year:             | % scored:                                       |
|---|---------------------------|---|
| Are you 12th pass?                                  | If yes, year:             | % scored:                                       |
| Are you a graduate?                                 | If yes, year:             | % scored:                                       |
| Other educational or tech                           | nnical qualifications hel | d by you:                                       |
| Mention any prior theolog                           | gical qualification held  | by you:   |
| V   | VORK / MINISTRY IN        | FORMATION                                       |
| Mention all your work exp                           | perience below:           |   |
| Are you currently working Mention details of your p |                           | below:  |
| If in full-time ministry, men                       | ntion whether are you     | family income):an independent pastor or working |
| with an organization: Name of the organization      |                           |   |

## **TESTIMONY**

| Write your testimony of how you came to know and believe in Jesus Christ? |  |  |
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### **REFERENCE**

| Your pastor's name  | Mobile No.:   |
|---|---|
|   |   |
| DECLARAT  | ION   |
| I,, do information given by me in the form is correct rules and regulations of the college. | hereby solemnly declare that the and if accepted, I will abide by the |
| Place: Date:  | Signature of Student  |

#### LIST OF DOCUMENTS TO BE ENCLOSED

- 1. Copy of Aadhaar
- 2. Copy of X certificate & mark sheet
- 3. Copy of XII certificate & mark sheet (if applicable)
- 4. Copy of graduation degree & mark sheet (if applicable)
- 5. Copy of Baptism certificate
- 6. Reference letter of Pastor or Ministry Leader

Address: Calvary Baptist Bible College and Seminary, Baptist Peace Centre, Vishwanagar, Gundge, Karjat, Raigad Dist, Maharashtra, 410201.

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