



# Application for Admission

## DOCUMENTS CHECK-LISTS

(Be sure you have submitted the following)

- |   |                          |
|---|--------------------------|
| 01. One Passport-size and One Stamp-size Photographs.     | <input type="checkbox"/> |
| 02. Xerox copies of all Certificates & Transcripts        | <input type="checkbox"/> |
| 03. Medical Certificate (Form Attached).                  | <input type="checkbox"/> |
| 04. Financial Statement Letter (Form Attached).           | <input type="checkbox"/> |
| 05. A Call to Ministry (Form Attached) .                  | <input type="checkbox"/> |
| 06. Personal Testimony of Salvation (Form Attached).      | <input type="checkbox"/> |
| 07. Non-Refundable Application Fee of Rs.100/-            | <input type="checkbox"/> |
| 08. Pastor Reference Form                                 | <input type="checkbox"/> |
| 09. Academic Reference Form                               | <input type="checkbox"/> |
| 10. Personal Reference Form                               | <input type="checkbox"/> |
| 11. No Objection Certificate (for Transfer Students only) | <input type="checkbox"/> |

Send your duly filled-in application with all documents to:

REGISTRAR  
GRACE BIBLE COLLEGE  
NEW LAMKA - 795006  
CHURACHANDPUR, MANIPUR, INDIA  
TELEPHONE: +91-3874-350063  
Website: [www.gracebiblecollege.in](http://www.gracebiblecollege.in)  
Email: [info@gracebiblecollege.in](mailto:info@gracebiblecollege.in), [registrar@gracebiblecollege.in](mailto:registrar@gracebiblecollege.in)

## APPLICATION FOR ADMISSION



## SEMESTER YOU PLAN TO BEGIN YOUR STUDY

Academic Year 20\_\_\_\_ -to- 20\_\_\_\_

☐ Spring Semester. ☐ Fall Semester.

## Program Applying for:

- ☐ Master of Divinity  
☐ Bachelor of Theology  
☐ Diploma of Theology

(To be filled in by the applicant in his/her own handwriting &amp; submitted to the Office of the Registrar before \_\_\_\_\_ )

## 1. Name (IN BLOCK LETTERS)

Given Name

Middle

Family Name

## 2. Present Address

H.No./Name

Street Name

Town/City

District

State

Pin code

Country

3. Permanent Address (same as above ☐ )

## 4. Contact Number

Telephone

Mobile Number

Email Address

## 5. Date of Birth

(DD/MM/YY)

Place of Birth

## 6. Gender

☐ Male☐ Female

## 7. Marital Status

☐ Single☐ Married☐ Widowed

If Married, Date of Marriage

Spouse's Full Name

Number of Children

## 8. Father's/Guardian Name

Occupation

Address

## 9. Mother Tongue

other language(s) you speak, read and write (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

10. If you have previously applied to GBC, indicate year and program applied for \_\_\_\_\_

11. Do you use any intoxicants? \_\_\_\_\_

12. Are you a transfer student? \_\_\_\_\_. If YES, will you request to transfer any previous seminary cre

its ? \_\_\_\_\_. Show details \_\_\_\_\_

13. List in chronological order all the institutions (high school, undergraduate or graduate), which you have attended since high school (including vocational training)

NAME AND LOCATION OF THE INSTITUTION	YEARS ATTENDED	MEDIUM OF INSTRUCTION	DEGREE	RECEIVED ON	GPA/CLASS

14. Who will give your letters of reference (forms attach)?

- (a) Pastor Reference \_\_\_\_\_  
(b) Academic Reference \_\_\_\_\_  
(c) Personal Reference \_\_\_\_\_

15. Of which local Church are you a member ? Give Name & Address.

\_\_\_\_\_  
\_\_\_\_\_

16. What is your denominational affiliation? \_\_\_\_\_

17. Are you applying for Hostel? ☐ Yes ☐ No If No, Why? \_\_\_\_\_

\_\_\_\_\_

18. Please indicate all employment and/or ministry experience you have:

SLN	TITLE OR DESCRIPTION OF WORK/MINISTRY	EMPLOYER	DATES

19. At present, what are your vocational objectives? (List 1,2, and 3 in order of your preference)

☐ Pastoral Ministry. ☐ Teaching. ☐ Missionary Service. ☐ Youth Ministry. ☐ Children Ministry.

20. When did you accept Jesus Christ as your personal Lord and Saviour? \_\_\_\_\_

- (a) Please provide your personal testimony of Salvation and your experience as a Christian, including your conversion, significant spiritual events in your life, and areas in which you have seen or are experiencing growth. (form attached)  
(b) Please provide a statement explaining your Call to Ministry, and reasons for your interest in GBC in particular. (form attached)

21. Are you Baptized? \_\_\_\_\_ (attach Xerox copy of Baptismal Certificate)

22. Have you ever been under Church Discipline? ☐ Yes ☐ No

23. Do you have any known health or physical problem which may hinder your study? \_\_\_\_\_ if so, please describe \_\_\_\_\_

24. Who will support you in your study? Give Name(s) & Address \_\_\_\_\_

\_\_\_\_\_

(Please complete the enclosed financial Statement/Guarantee form)

**Note : Limited Scholarship is available for needy students(s). Write application in separate sheet.**



# Declaration and Pledge

I

do hereby, declare that all the details, which are mentioned above, are true to my best knowledge. I assure that, if I am admitted, I will abide by the rules and regulations of Grace Bible College. I will do my best standard and a life worthy of the calling I have received. I will submit to the Spirit of unity and love, and to the right of the College administration and will always accept to take any appropriate disciplinary action taken against me, if in their judgement, my behaviour or character or doctrine is contrary to the spirit and emphasis of the College.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

(ANY FALSIFICATION OF THE DOCUMENT MAY CAUSE DISMISSAL)

## FOR OFFICE USE ONLY

1. Application received on \_\_\_\_\_
2. Application fee paid ? ☐ Yes. ☐ No
3. Have all the required documents been submitted? \_\_\_\_\_
4. Grade of the Entrance/Qualifying Examination \_\_\_\_\_
5. Admission : ☐ Approved. ☐ Rejected. ☐ Deferred.
6. Remarks \_\_\_\_\_

\_\_\_\_\_  
Signature of the Registrar

# Academic Reference Form

THIS PORTION IS TO BE COMPLETED BY APPLICANT

1. Name of Applicant \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone number \_\_\_\_\_ Program applied for \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the Applicant

## LETTER OF REFERENCE (ACADEMIC)

(To be completed by the Principal/Dean of Academics of the institution last attended)

### CONFIDENTIAL

Dear Sir/Madam:

We would appreciate your honest evaluation of the applicant as per questions given below. This reference will be kept in the strictest confidence. Thank you for your cooperation. Please mail this form directly to the College address given below.

1. How long have you known the applicant ? \_\_\_\_\_ years.  
 How well do you know the applicant ? ☐ Very well. ☐ Rather well. ☐ Casually. ☐ Not well.

2. How would you assess the applicants's abilities in the following areas?

	Not Observed	Poor	Average	Good	Out Standing
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please use the back page for making additional comments regarding the applicant's strengths and weaknesses that might be helpful in evaluating the applicant for admission.
4. Do you recommend this applicant for admission:
- ☐ Strongly recommended ☐ Recommend
- ☐ Recommend with Reservation ☐ Not Recommended
- ☐ Please Contact me for further information

\_\_\_\_\_  
 (SIGNATURE)

Name \_\_\_\_\_

Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Send directly to:

Registrar,  
 GRACE BIBLE COLLEGE.  
 New Lamka-795006  
 Churachandpur, Manipur, INDIA  
 Telephone: +91-3874-350063

# Pastor's Reference Form



THIS PORTION IS TO BE COMPLETED BY APPLICANT

1. Name of Applicant \_\_\_\_\_
  2. Address \_\_\_\_\_  
\_\_\_\_\_
  3. Telephone number \_\_\_\_\_ Program applied for \_\_\_\_\_
- \_\_\_\_\_ Date \_\_\_\_\_ Signature of the Applicant

## LETTER OF REFERENCE (To be completed by Local Pastor)

### CONFIDENTIAL

To the pastor or church official:

We would appreciate your honest evaluation of the applicant's spirituality and character. This reference will be kept in the strictest confidence. Thank you for your cooperation. Please mail this form directly to the College address given below.

1. How long have you known the applicant ? \_\_\_\_\_ years.  
How well do you know the applicant ? ☐ Very well. ☐ Rather well. ☐ Casually. ☐ Not well.
2. How is the applicant gifted for vocational Christian service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How would you rate the applicant's potential success for Christian ministry?  
☐ Exceptionally good ☐ Very good ☐ Good ☐ Fair ☐ Poor
4. If the applicant is married, how would you evaluate his/her marriage relationship?  
☐ Don't know ☐ Superficial ☐ Reserved ☐ Warm, growing ☐ Good Communication
5. Do you have any reason to doubt the applicant's personal integrity? If so, please specify.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has the Applicant ever been under Church's discipline ? If yes, please specify.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you assess the applicants's abilities in the following areas?

	Not Observed	Poor	Average	Good	Out Standing
Relationship to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Church members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance in the Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparedness to face hardships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to those outside the Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's gifts and potential for Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in the Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What do you see as the applicant's primary qualification both for study and for ministry?

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9. Do you have any reservation in recommending the applicant? Please list.

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10. Do you recommend this applicant for admission:

- ☐ Strongly recommended
- ☐ Recommend
- ☐ Recommend with Reservation
- ☐ Not Recommended
- ☐ Please Contact me for further information

(SIGNATURE) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date \_\_\_\_\_

Send directly to:

Registrar,  
GRACE BIBLE COLLEGE  
New Lamka-795006  
Churachandpur, Manipur, INDIA  
Telephone: +91-3874-350063

# Personal Reference Form

THIS PORTION IS TO BE COMPLETED BY APPLICANT

1. Name of Applicant \_\_\_\_\_
  2. Address \_\_\_\_\_  
\_\_\_\_\_
  3. Telephone number \_\_\_\_\_ Program applied for \_\_\_\_\_
- \_\_\_\_\_ Date \_\_\_\_\_ Signature of the Applicant

## LETTER OF REFERENCE

(To be completed by Church Leader/ person who knows you well)

## CONFIDENTIAL

Dear Sir/Madam,

We would appreciate your honest evaluation of the applicant's personality and character. This reference will be kept in the strictest confidence. Thank you for your cooperation. Please mail this form directly to the College address given below.

1. How long have you known the applicant ? \_\_\_\_\_ years.  
How well do you know the applicant ? ☐ Very well. ☐ Rather well. ☐ Casually. ☐ Not well.
2. Do you have any reason to doubt the applicant's personal integrity? If so, please specify?  
\_\_\_\_\_  
\_\_\_\_\_
3. How would you rate the applicant's potential success for Christian ministry?  
☐ Exceptionally good ☐ Very good ☐ Good ☐ Fair ☐ Poor
4. If the applicant is married, how would you evaluate his/her marriage relationship?  
☐ Don't know ☐ Superficial ☐ Reserved ☐ Warm, Growing ☐ Good communication.
5. Do you have any reservation in recommending the applicant? Please list.  
\_\_\_\_\_  
\_\_\_\_\_
6. How is this person gifted for Christian service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. How would you assess the applicants's abilities in the following areas?

	Not Observed	Poor	Average	Good	Out Standing
Relationship to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork (ability to work with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Church members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness (to the feelings & needs of others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparedness to face hardships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's gifts and potential for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Does the applicant have any special strengths, weaknesses, or problems of which we should be aware of?

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9. Any additional comments you think might be helpful to us.

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10. Do you recommend this applicant for admission:

- ☐ Strongly recommended
- ☐ Recommend
- ☐ Recommend with Reservation
- ☐ Not Recommended
- ☐ Please Contact me for further information

\_\_\_\_\_  
(SIGNATURE)

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date \_\_\_\_\_

Send directly to:

Registrar,  
GRACE BIBLE COLLEGE  
New Lamka-795006  
Churachandpur, Manipur, INDIA  
Telephone: +91-3874-350063



(To be completed by Registered Medical Practitioner)

Dear Sir/Madam,

Please provide your findings of the Applicant's Health condition as given below. Thank you for your cooperation to us on the applicant. Please mail this form directly to the College address given below.

Name of Applicant

Age

Blood Group	_____	ENT	_____
Skin	_____	Dental	_____
BP	_____	TB	_____
Diabetes	_____	HIV	_____
Heart	_____	Liver	_____
Hernia	_____	Venereal Disease	_____

## CERTIFICATE

Having personally given a thorough examination of the applicant,  
I do hereby certify that to the best of my knowledge,  
he/she is free from all contagious and infectious diseases.  
He/She is in good health and will be able to cope with the work load pertinent to his/her study.

Other Remarks \_\_\_\_\_  
\_\_\_\_\_

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DOCTOR'S SIGNATURE & OFFICIAL SEAL

Date \_\_\_\_\_

Send directly to:  
Registrar,  
GRACE BIBLE COLLEGE  
New Lamka-795006  
Churachandpur, Manipur, INDIA  
Telephone: +91-3874-350063

# Financial Statement/Guarantee Form

(To be Completed by Sponsor)



**GRACE  
BIBLE COLLEGE**

REGD. NO. 498/1988 AC/10/18 NEW LAMKA, CHURACHANDPUR, MANIPUR  
ACCREDITED BY ASIA THEOLOGICAL ASSOCIATION  
NEW LAMKA 795006, CHURACHANDPUR, MANIPUR

☎ +91-3874-350063 (Office)  
info@gracebiblecollege.in | www.gracebiblecollege.in

Name of Student (IN BLOCK LETTER) \_\_\_\_\_

Name of Sponsor (Society or Individual) \_\_\_\_\_

I/We, do hereby solemnly pledge to meet all the financial obligations on behalf of the Applicant as required by the College from time to time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Designation

Name and Address of  
PERSON TO WHOM BILL SHOULD BE SENT FOR PAYMENT  
(In BLOCK LETTERS)

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Note: The College can provide limited Student Support for deserving and needy students, who are applying hostel accomodation. Desirous applicants need to write **separate application** to the Principal.

GRACE BIBLE COLLEGE.  
New Lamka-795006  
Churachandpur, Manipur, INDIA  
Telephone: +91-3874-350063

PERSONAL  
TESTIMONY OF  
SALVATION

# Personal Testimony of Salvation

(Use Additional sheet if necessary)



**GRACE  
BIBLE COLLEGE**

GRACE BIBLE COLLEGE (P) LTD. (INCORPORATED IN INDIA)  
ACCREDITED BY ASIA THEOLOGICAL ASSOCIATION  
NEW LAMKA 795006, CHURACHANDPUR, MANIPUR  
☎ +91-3874-350063 (Office)  
info@gracebiblecollege.in | www.gracebiblecollege.in

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Name of Applicant

YOUR CALL TO  
MINISTRY

# Your Call to Ministry

(Use Additional sheet if necessary)



**GRACE  
BIBLE COLLEGE**

GRACE BIBLE COLLEGE (P) LTD. (INCORPORATED IN INDIA)  
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NEW LAMKA 795006, CHURACHANDPUR, MANIPUR

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info@gracebiblecollege.in | www.gracebiblecollege.in

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Name of Applicant



## CONTACT



GRACE BIBLE COLLEGE  
NEW LAMKA - 795006  
CHURACHANDPUR, MANIPUR, INDIA



(+91) 3784-350063



[info@gracebiblecollege.in](mailto:info@gracebiblecollege.in)



[www.gracebiblecollege.in](http://www.gracebiblecollege.in)