



GRACE BIBLE COLLEGE

ACCREDITED BY ASIA THEOLOGICAL ASSOCIATION

P.O. BOX 44, NEW LAMKA,
CHURACHANDPUR - 795 128, MANIPUR, INDIA
TELEPHONE: +91-3874-233549
Website: www.gracebiblecollege.in
Email: info@gracebiblecollege.in, registrar@gracebiblecollege.in

Application for Admission

DOCUMENTS CHECK-LISTS

(Be sure you have submitted the following)

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

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

REGISTRAR
GRACE BIBLE COLLEGE
P.O. BOX 44, NEW LAMKA,
CHURACHANDPUR - 795 128,
MANIPUR, INDIA
TELEPHONE: +91-3874-233549
Website: www.gracebiblecollege.in
Email: info@gracebiblecollege.in, 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 & 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 credits ? _____. 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 yes, 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)

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' abilities in the following areas?

	Not				Out Standing
	Observed	Poor	Average	Good	
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,
P.O. Box 44, New Lamka,
Churachandpur - 795 128, Manipur, INDIA
Telephone: +91-3874-233549

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?

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

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,
 P.O. Box 44, New Lamka,
 Churachandpur - 795 128, Manipur, INDIA
 Telephone: +91-3874-233549

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?

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

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.
 P.O. Box 44, New Lamka,
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Medical Certificate

(To be completed by Registered Medical Practitioner)

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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 _____

DOCTOR'S SIGNATURE & OFFICIAL SEAL

Date _____

Send directly to:

Registrar,
GRACE BIBLE COLLEGE,
P.O. Box 44, New Lamka,
Churachandpur - 795 128, Manipur, INDIA
Telephone: +91-3874-233549

Financial Statement/Guarantee Form

(To be Completed by Sponsor)

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)

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.

Personal Testimony of Salvation

(Use Additional sheet if necessary)

Name of Applicant

Your Call to Ministry

(Use Additional sheet if necessary)

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Name of Applicant

G R A C E B I B L E C O L L E G E

(Regd. No. 45/86 under Act XXI of 1860//Regd. No. 194160021/87 under FCRA 1976)

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