



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
NEW LAMKA - 795006
CHURACHANDPUR, MANIPUR, INDIA
TELEPHONE: +91-3874-350063
Website: <https://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

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
New Lamka-795006
Churachandpur, Manipur, INDIA
Telephone: +91-3874-350063

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
 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 _____

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)



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 accommodation. Desirous applicants need to write **separate application** to the Principal.

PERSONAL
TESTIMONY OF
SALVATION

Personal Testimony of Salvation

(Use Additional sheet if necessary)



**GRACE
BIBLE
COLLEGE**

REGD. NO. 4586/REGD/ACT/AN/1989/PC/02/001/2017
ACCREDITED BY ANA THEOLOGICAL ASSOCIATION
NEW LAMKA 795006, CHURACHANDPUR, MANIPUR

☎ +91-3874-350063 (Office)
Principal: +91-9862225224 / Registrar: +91-9662776117
info@gracebiblecollege.in / <https://www.gracebiblecollege.in>

Name of Applicant

YOUR CALL TO
MINISTRY

Your Call to Ministry

(Use Additional sheet if necessary)



**GRACE
BIBLE
COLLEGE**

REGD. NO. 2594/1961/ACT AND 19. 1000/1962 PG. 10/1000/1967/1968/1974/1975
ACCREDITED BY ANA THEOLOGICAL ASSOCIATION
NEW LAMKA 795006, CHURACHANDPUR, MANIPUR

☎ +91-3874-350063 (Office)
Principal: +91-9860225524 / Registrar: +91-9682776117
info@gracebiblecollege.in / <https://www.gracebiblecollege.in>

Name of Applicant



CONTACT



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



(+91) 3784-350063



info@gracebiblecollege.in



<https://gracebiblecollege.in>

