



# INDIA CHRISTIAN BIBLE COLLEGE

BIBLICAL, EVANGELICAL & UN DENOMINATIONAL

## APPLICATION FORM

Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Permanent address: House name/street address: \_\_\_\_\_

\_\_\_\_\_

Name of the place: \_\_\_\_\_ Pin: \_\_\_\_\_

State: \_\_\_\_\_ Ph. \_\_\_\_\_

E. mail: \_\_\_\_\_

Present address: House name/street address: \_\_\_\_\_

\_\_\_\_\_

Name of the place: \_\_\_\_\_ Pin: \_\_\_\_\_

State: \_\_\_\_\_

I am seeking admission to (Tick one)

M. Div I \_\_\_\_ M. Div II \_\_\_\_ M. Div III \_\_\_\_ B. Th I \_\_\_\_ B. Th II \_\_\_\_ B. Th III \_\_\_\_

Diploma I \_\_\_\_ Diploma II \_\_\_\_ Non accredited: Diploma in Theology \_\_\_\_

Certificate in Theology \_\_\_\_

Secular qualification: \_\_\_\_\_ Theological Degree: \_\_\_\_\_

Accredited by \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill up this form in capital letters and send to the Registrar