



TRINITY BIBLE COLLEGE

Accredited by Asia Theological Association

KANAKKAPILLAIVALASAI, SENGOTTAI, TAMILNADU

Application must be filled in by the candidate clearly in English Only.

Attach
Recent
Photo

Office Use Only

Sl.No. _____

Date Recd. _____

Education _____

AdmissionNo. _____

DESIRED COURSE:

Bachelor of Theology (B.Th.) (Eng. medium only)

Master of Divinity (M.Div.) (Eng. medium only)

APPLICANT PERSONAL DETAILS

1. Name _____

2. Communication Address _____

_____ Pin code: _____

Email: _____ Aadhar No. _____

Mob. No. _____ Whats App No. _____

3. Date of birth _____ Age _____

4. Mother Tongue _____ Language that you can speak and write _____

5. Marital Status: Single Engaged Married

a) If married, give Spouse's name _____

b) No. of children _____

6. Are you physically challenged _____? If yes, Explain _____

FAMILY DETAILS

	Name	Occupation	Monthly Income
1. Father	_____	_____	_____
2. Mother	_____	_____	_____
3. Guardian	_____	_____	_____

4. Permanent Address _____ (If not, same)

_____ Pincode: _____

Email: _____ Aadhar No. _____

Father's Mob. No.: _____ What's App No.: _____

Mother's Mob. No.: _____ What's App No.: _____

CHRISTIAN EXPERIENCE

1. Have you accepted Jesus Christ as your personal Lord and Savior? _____ When? _____

2. Are you baptized in water by immersion according to Matthew 28:19, 20? _____

When? _____ Where? _____

3. According to Acts 2:4, are you filled with the Holy Spirit with the evidence of speaking in tongues? _____ When? _____
4. Do you have a definite call for full time ministry? _____ (Explain and include your salvation experience in a separate sheet)
5. What kind of ministries are you engaged in your local church?
 a) _____ b) _____ c) _____
6. Mention your skills and talents _____
7. Mention your hobbies _____

CHURCH DETAILS

1. Name of your church _____
2. Pastor Name _____
3. Address _____

 _____ Pincode: _____
- Email: _____ Mob. No. _____
4. How long you have been attending this church? _____

EDUCATIONAL DETAILS

1. Your educational qualification

Education	Name of Degree / Diploma Received	Name and Place of School / College	Year of Completion	Grade Obtained
10 th Standard	—			
12 th or Equivalent	—			
Bachelor's Degree				
Master's Degree				
Theological Diploma or Degree				
Others if any				

2. Have you ever joined in any other theological institution / training? _____
 If yes, explain _____

3. Details of any work involvement till date.

Employment History

Work	Duration	Place

FINANCIAL DETAILS

1. Who is responsible to pay your fees and other expenses? _____

Parents Pastor / Church Sponsor Yourself Any other source

2. Provide the details of the person responsible for your fee.

Name: _____ Occupation _____

Address _____

_____ Pincode: _____

Email: _____ Mob. No. _____

Whats App No. _____

DECLARATION OF THE APPLICANT

I, hereby declare that the above information, are accurate and true to the best of my knowledge. If admitted, I **promise to abide by the rules, regulations and code of conduct** of the college during the course of my studies with full respect and regard to my teachers and fellow students. I shall submit myself to the disciplines, study and prayer, abstaining from all evil habits or rebellions to the administration. **I promise not to indulge in any slander, threaten, verbal/nonverbal abuse and legal actions against the college authorities and administration. If I am found guilty, I understand that I may undergo disciplinary action, including the possible termination of my study at Trinity Bible College. I would also pay the fee within the given due date by the college. Paid fees cannot be refunded if the student discontinues her studies at any cause.**

Date:

Signature of the Applicant

DECLARATION OF THE PARENT/GUARDIAN/PASTOR

I, the Parent/Guardian/ Pastor of _____ hereby guarantee that my daughter /the applicant applies to Trinity Bible College with my full permission. She will abide by the rules, regulations and disciplinary actions of the college. **I promise that she will not indulge in any slander, threaten, verbal/nonverbal abuse and legal actions against the college authorities and administration. If she is found guilty, I understand that she may undergo disciplinary action, including the possible termination of her study at Trinity Bible College.** In case I give Financial Guarantee Letter to the applicant, I am aware and accept that the college holds me responsible for the payment of all fees on time. **Paid fees cannot be refunded if the student discontinues her studies at any cause.**

Date:

Signature of the Parent/Guardian/Pastor

Application must be sent to the following address:

**Registrar, Trinity Bible College
Post Box No.25, Sengottai – 627 809
Tenkasi District
Tamilnadu.
Ph.: 04633-234243 / 211243, 9994247117**



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MEDICAL FORM

(NOTE: ATTACH ALL THE REPORTS WHEREVER NECESSARY)

Name of the applicant Age

HISTORY OF ANY PREVIOUS ILLNESS/TREATMENT

Jaundice	_____	Epilepsy	_____
Tuberculosis	_____	Respiratory problems	_____
Congenital troubles	_____	Diabetes	_____
Rheumatic heart	_____	Allergies	_____
Menstrual cycle (Regular/Irregular)	_____	Family hereditary history if any	_____

GENERAL PHYSICAL EXAMINATION

Height	_____	Weight	_____
ENT Examination	_____	Respiratory	_____
Eye	_____	Abdominal Examination	_____
Cardio-Vascular System	_____	Central Nervous System	_____
Identification Marks	1. _____	2. _____	

LABORATORY EXAMINATION

BLOOD – Hb, Tc, Pc, ESR _____

VDRL _____ **RBS** _____ **GROUP** _____

HbsAg _____

STOOL – Occult blood _____ - Ova/cyst _____

HIV _____

COVID 19 _____

URINE – Micro _____

SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT:

I do hereby certify that to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date _____

Address _____

(Doctor's signature & Reg. No. with seal)

Note: Students will be expected to submit to any further examination or test suggested by the college recommended qualified physician.



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HOME CHURCH PASTOR'S REFERENCE FORM

Name of the applicant: _____

Dear Pastor,

The applicant has applied to Trinity Bible College. As her pastor, you are requested to give independent assessment of the candidate. Your accurate evaluation of the candidate will help us to train her effectively for the ministry. After filling this form, please send directly to the college. **Your assessment will be kept confidential.**

1. How long have you known the applicant? _____

2. Is the applicant related to you? If yes, _____

3. How long has she been a member of your church? _____

4. Does she have any health problem? Yes / No.

If yes, Explain _____

5. Do you think that she has been called to full time ministry? Yes / No. Explain

6. Does she have regular prayer life?

7. Does she have a habit of systematic Bible reading?

8. Does she attend all church programs?

9. What do you consider to be her area of strength?

10. What are the weaknesses you see in the applicant (including physical, emotional, intellectual and character)?

11. What do you consider to be her areas where ministry skill development is needed?

12. What is her financial position?

13. How is the applicant regarded by other church members?

14. How would you rate the applicant in the following areas?
(Please mark with ✓ in the appropriate column)

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Very Poor</i>
Christian Commitment					
Spiritual Maturity					
Christian Character/Testimony					
Attitude to Authority					
Ability to study English					
Leadership Ability					
Relationship with the Family					
Decision Making					

15. What are the ministerial involvements she has with your church? Explain

16. Mention if there is anything that the college needs to know about her

17. Do you recommend the applicant to Trinity Bible College?

I strongly recommend I recommend I don't recommend

Name of the Pastor: _____

Name of the Church: _____

Address : _____

Phone No. : _____

E-mail : _____

What's App No.: _____

Signature

Seal



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GENERAL REFERENCE FORM (From a Christian Leader in Local Church)

Name of the applicant: _____

Dear Sir / Madam,

The applicant has applied to Trinity Bible College. As a responsible Christian, you are requested to give independent assessment of the candidate. Your accurate evaluation of the candidate will help us to train her effectively for the ministry. After filling this form, please send directly to the college. **Your assessment will be kept confidential.**

1. Name of the person giving reference _____ Designation _____

2. What is your relationship with the applicant? _____

3. How long have you known the applicant? _____

3. Does she have any health problem? Yes / No. If yes, Explain _____

4. Do you know that the applicant is called for full time ministry? Yes / No. Explain

5. What do you consider to be her area of strength?

6. What are the weaknesses you see in the applicant (including physical, emotional, intellectual and character)?

7. How is the applicant regarded by other church members?

8. What do you consider to be her areas where personality development is needed?

9. How would you rate the applicant in the following areas?

(Please mark with ✓ in the appropriate column)

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Very Poor</i>
Christian Commitment					
Spiritual Maturity					
Christian Character/Testimony					
Attitude to Authority					
Ability to study English					
Leadership Ability					
Relationship with the Family					
Decision Making					

10. Does she have involvement in local church ministry?

11. Do you recommend the applicant to Trinity Bible College?

I strongly recommend I recommend I don't recommend

Address : _____

Phone No. : _____

E-mail : _____ Mob. No.: _____

What's App No.: _____

Signature

Seal



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FINANCIAL GUARANTEE FORM

Name of the applicant: _____ Course applied for: _____

Who is responsible to pay your fees? Parents Pastor / Church Sponsor

Specify if any other source _____

(NOTE: FILL IN THE DETAILS BELOW WHATEVER IS APPROPRIATE TO YOU)

PARENTS

Father's Occupation: _____

Yearly Income : _____

Mother's Occupation: _____

Yearly Income : _____

Contact Number: _____

Whats app : _____

Full Fee

Academic Fee

Food & Accommodation Fee

PASTOR / CHURCH

Name of the Pastor: _____

Name of the Church: _____

Address: _____

Contact Number: _____

Whats app: _____

Full Fee

Academic Fee

Food & Accommodation Fee

SPONSOR

Name of the Sponsor: _____

Occupation: _____

Address: _____

Contact Number: _____

Whats app: _____

Full Fee

Academic Fee

Food & Accommodation Fee

I, _____ (Parent / Pastor / Sponsor) hereby undertake to pay the above specified fee of _____ (applicant name) as per the fee structure. I also undertake to support the applicant for the entire period of study at Trinity Bible College.

Signature (s)

1. _____

Seal _____

2. _____

Seal _____

(Note: Seal is necessary for organizational Sponsor)