



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: _____ Phone: _____

Email: _____

Permanent Address: (House Name/Street

Address _____

Name of the Place: _____ PIN: _____

State: _____ Phone: _____

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: _____

Complete this application and mail by post or email (registrar@icbcm.org) to ICBC Registrar.

India Christian Bible College ATTN: Registrar

Thengode, Kakkanad, Kochi

Kerala 682030