



# 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: \_\_\_\_\_

I have been baptized: **NO** \_\_\_\_ **YES** \_\_\_\_ Date: \_\_\_\_\_

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