

NORTH EAST THEOLOGICAL SEMINARY
 Hebron School Campus, Salkavita, P.O. NBU, Dist. Darjeeling - 734013, West Bengal
 Email: netseminary@gmail.com; Phone: 0353-2699110 / 9002146422

APPLICATION FORM FOR ADMISSION

Please return duly filled application form to the Seminary office before _____ along with Rs. _____

Affix a passport size photo here

Please tick the course you wish to apply:

- C.Th (Two Years) Hindi Medium
 Dip.Th (Two Years)
 B.Th. (Three Years)

1. Name (in capital letters).....
2. Age & Date of Birth & Sex (Male/ Female).....
3. Nationality.....
4. Present Address.....
.....
5. Permanent Address.....
.....
6. Name of Father/Mother/Guardian.....Phone.....
7. Are you in good health at present? Yes / No
8. If no, then mention the nature of ill-health.....
9. Have you had true conversion experience to Christ? (No/ Yes)
(If Yes) Date..... place.....
10. Have you been water baptized? (No/ Yes)
(If Yes) Date.....place.....
11. Denominational Affiliation of your Church :
12. Member of which local church & Place :
13. Name of your Pastor:.....
14. Do you have any Christian ministerial experience (No / Yes)
(If Yes, Specify)
15. Academic and professional qualification.

Please list the academic and professional qualification. (Attach photocopies of the documents such as degree, diploma certificates, mark transcripts etc..)

Description	Name of School / Institution / College	Attended from/ to	Fail/pass	Year/month
Till class 9 th				
10 th Std.				
12 th Std.				
Any other				

16. Do you have any definite call for full-time ministry? (No / Yes)
17. Are you willing to abide by the rules and regulations of NETS? (No / Yes)
18. Who and how will you pay your college fees? (Attach a letter of assurance of financial support from parents or any other source)

Or Are you applying for scholarship? (No / Yes)

If given scholarship are you willing to work with PGT for one year after the successful completion of your course at NETS? (No / Yes)

19. Give name and full postal address of two Christian leaders who will recommend you.

1). Name..... position.....

Address.....

Phone:.....

2). Name..... position.....

Address.....

Phone:.....

DECLARATION

I declare and confirm that the information given in this application is accurate and I promise that if admitted to the NETS, I will conduct myself at all times, and abide by all the rules and regulations of the Seminary and be faithful and diligent in my studies so as to fulfill the purpose of my joining NETS.

Applicant Signature _____ Parent/Guardian Signature _____
 (Full Name : _____)

APPLICANT'S CHECKLIST – The following documents are required for admission.

- _ Duly filled in application form
- _ All Your Academic certificates and marksheets.
(original document should be produced at the time of interview and registration)
- _ Two recommendation letter from Christian leaders who will recommend you.
- _ Letter of finance assurance if supported by Church / Sponsor agency
- _ Medical certificate in the prescribed form.
- _ Personal testimony of the applicant
- _ Xerox copy of your Aadhaar Card
- _ Two passport size photo

For OFFICE

Date of Receiving Application Form	
Registration No.	
Date of Joining the Seminary	
Reason and Date of Leaving the Seminary	
Details of Scholarship	
Remarks	



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Letter of Reference

Mr / Miss..... is seeking admission at the North East Theological Seminary.

Your name is given for reference. Kindly fill in this form and put in sealed envelope with your signature across the flap and return it to the applicant so that he will send it to us along with this application. We trust that you will give accurate information. Your report will be kept confidential.

1. How long do you know the candidate?
2. What is your relation with the candidate?.....
3. Do you believe that the candidate is truly born again?.....
4. Do you know if the candidate has a call by the Lord for Ministry?
5. Was he/she any time in drug abuse?
6. Was he/she any time an alcoholic?
7. Did/does the candidate have any association with any underground movements?
8. Is he/she having any bad habit like smoking, tobacco etc?
9. Is there any special point you want us to know that will help him/her colleges studies?

10. Any weakness, we should know, that we can be of special help?
11. Please circle your remark:

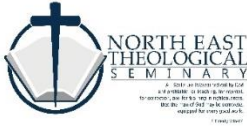
1) Ability to work with others :	Poor Fair Good Excellent
2) Ability to handle English :	Poor Fair Good Excellent
3) Ability to do hard study :	Poor Fair Good Excellent
4) Willingness to do works :	Poor Fair Good Excellent
5) Burden for the unsaved :	Poor Fair Good Excellent
6) Willingness to be under discipline:	Poor Fair Good Excellent
7) Financial status of parents :	Poor Fair Good Excellent

Date : Designation:.....

Your name :Signature.....

Your address:

Phone :



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MEDICAL CERTIFICATE
(To be filled by a Registered Medical Practitioner)

I have thoroughly examined Mr / Miss.....Son/daughter/ward of
 I do certify that this candidate does not have any
 physical infirmity that will hinder him/her from strenuous studies in your Seminary. I certify that this
 candidate is in good health.

PERSONAL DATA:

Weight: _____ Kg. B.P. _____

Blood Group _____ Personal Identification mark(s) _____

Any Suggestion regarding his/her personal health:

Date : _____

Place : _____

Seal & Signature of Physician

Name :

Address:.....

.....

MY PERSONAL TESTIMONY

Name : _____

Date : _____

