

NEW LIFE BIBLE COLLEGE

Dobam, Banderdewa, Papum Pare
Arunachal Pradesh-791123

Applying for :

C.Th. ☐

Dip.Th. ☐

B.Th. ☐

Please tick the appropriate one

Paste a recent
passport sized
photograph of
the student

Application form

1. Name : _____ (In Capital Letters)

2. Father's Name : _____

3. Mother's Name : _____

4. Gender: Male () Female ()

5. Date of Birth : _____

6. Date of Water Baptism : _____

7. Status: Married () Unmarried () Engaged ()

8. Present Address:

Village : _____

P.O. : _____

P.S. : _____

District : _____

State : _____

PIN : _____

9. Educational Qualification : _____

10. Name of the school/college/university last attended : _____

11. Name of the Denomination or Church : _____

12. Contact number of Parents/Guardians : _____

Note-

- Personal testimony in a written form must be submitted to the Academic Dean
- Recommendation letters from your respective district council and APCRCC are mandatory.
(It is only for CRC candidates)

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Medical Certificate

To be filled in by a Medical Practitioner

1. Name of the Applicant _____

2. Does the applicant have any non-communicable or communicable disease?

3. Is the applicant physical fit to undertake full load of studies in the college?

(Please note that studies in the college can be stressful)

ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S HEALTH

Date:

Name of the Practitioner: _____

Signature : _____

Address : _____

Contact number : _____

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Declaration of Sponsor(S)

(To be filled by Parents/Church/Organization)

Name of the Sponsor(s) _____

I/We agree to be responsible for the applicant _____

_____ *and will pay all necessary and legitimate expenses for his/her studies*

and to reimburse the college for any expenditure incurred on his/her behalf.

Date: _____

Name : _____

Designation : _____

Contact Number : _____

Address : _____

Signature : _____

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PASTOR'S RECOMMENDATION

I do hereby certify that Mr/Ms _____

Son/Daughter of _____ is a baptized member
of _____ (Church).

Please tick the most appropriate one (Only one).

1. The applicant does not bear good testimony and I have reservations to recommend him/her for theological studies. ()
2. The applicant bears good testimony and I recommend him/her for theological studies. ()
3. The applicant is a promising leader in my church and I strongly recommend him/her for theological studies. ()

Comments (If necessary)

Date: _____

Name : _____

Contact Number : _____

Address : _____

Signature : _____

*** Note : Kindly return it to the student in a sealed envelope or bring directly to the Academic Dean, NLBC.**

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GENERAL RECOMMENDATION

Name of the Applicant : _____

Name of the Recommender : _____

Designation : _____

Address : _____

Ph. : _____ E-mail: _____

1. How long have you known the applicant?

= _____

2. What is your relationship with the applicant?

= _____

3. How do you know about the applicant's personal commitment towards Lord Jesus Christ?

= _____

4. What are the visible strengths and weaknesses of the applicant?

= _____

5. Do you think he/she has a call for God's ministry?

= _____

6. Do you recommend that he/she lives a good Christian life?

= _____

Comments (If necessary)

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