



CARMEL BIBLE COLLEGE

(for office use only)
Date Received _____
Fee _____ Year _____

APPLICATION FOR ADMISSION

An Educational Institution of Carmel Ministries India	
<p>Please ✓ the program</p> <p><input type="radio"/> Certificate in Theology</p> <p><input type="radio"/> Graduate in Theology</p> <p><input type="radio"/> Bachelor of Theology</p>	<p>Affix your Recent Passport Size Color Photo</p>
To be filled in by the applicant and submitted to the office of the Registrar	

1. Name (in block letters) _____
Surname First Middle

2. Name of the Father _____

3. Present Mailing Address _____
H.No./ Street Name City

_____ District State Pincode Country

4. Telephone Number _____ Email _____
(With Std Code)

5. Date of Birth _____ Place of Birth _____
Date Month Year

6. Gender: Male _____ / Female _____ Marital Status: Single _____ Married _____

7. If Married Spouse Name _____ Number of Children _____

8. Nationality _____ Mother Tongue _____ Other Languages _____

9. Name and address of your Local Church you attend _____

10. Name of your denomination _____ Date of Baptism _____

11. What are your special talents _____
Singing Music Any Other

12. List all the institutions (high school, undergraduate or graduate), which you have Attended (including vocational training).

Name of the Institution	Dates Attended	Medium of Instruction	Degree Awarded

13. Please indicate all employment / or ministry experience you have.

Title or Description of Work / Ministry	Employer	Dates

DECLARATION AND PLEDGE

I, _____, hereby, do declare that all the above mentioned are true and correct to the best of my knowledge. I also declare that I will be obedient for all the rules and regulations framed by the management of CBC from time to time.

Signature of the Applicant _____

Date _____

DOCUMENTS REQUIRED

1. Two Colour Passport Size Photographs and One Stamp Size Colour Photograph.
2. Xerox Copies of all Educational Certificates.
3. Recommendation Letter from your Local Church Pastor with church seal.
4. Your Personal Testimony on separate sheet of paper in your own handwriting.
5. Medical fitness certificate from a registered medical practitioner.
6. A Non-Refundable Application Fees of Rs200 /-.
7. Two self addressed envelopes with required postal stamps.

Send your Filled in Applications with all documents to:

**PRINCIPLE
CARMEL BIBLE COLLEGE
MISSION CITY , VANGUR
ELURU 534 002, W.G.DIST.
ANDHRA PRADESH
INDIA
PHONE : 0091 9440456241 -- 9492489617 Email : tagaram@yahoo.com**