Patgaon, Rani Road, Before Accoland. PO Airport, Guwahati – 781015, Assam, India Contact: 0361-2131319; 9435198956; aaseminary@gmail.com; www.aaseminary.org

# APPLICATION FORM

### NOTE:

- 1. Medium of instruction is English
- 2. Minimum age for admission is 18.
- 3. Go through the Prospectus before applying for eligibility criteria.
- 4. Incomplete Application will be rejected.
- 5. Last date for the submission of application form is May 30 for regular courses.
- 6. Submission of Application Form is not any guarantee of Admission into the Seminary.
- 7. Applicants will be admitted on the basis of merit subject to certain reservations only after clearing the Entrance exam and Interview.
- 8. Accepted applicants will be notified the Entrance exam and Interview date via phone, message or email.
- 9. Original copies of all certificates attached to be produced at the time of Interview.

		FOR OFFICE	USE ONLY			
Received on:	:	N	otified on:		_	
Status of App	olication:	☐ Complete ☐ Incomplete				
Entrance Exa	nm result:	Pe	ersonal Interview resu	lt:		
Status of Adı	mission:	Granted	Denied	☐ Pendin	g	
Remarks:						
				Signature of Regis		
				Date:		
. APPLYING PR	OGRAM INFO	RMATION				
Residential Progra	m		Extension Progr	am		
☐ Bachelor of Theology		☐ Master of Divinity				
☐ Master of Divinity		☐ Master of Theology				
I. <u>APPLICANT'S</u>	PERSONAL II	NFORMATION				
Applicant's Name:	=					
Date of Birth:		Gei	nder:		Affix Recent	
Mobile:		E-n	nail:		Passport	
Race/Tribe:		Nat	tionality:		Photograph	
Marital Status:	Single	Married	Divorced	Widowed		
Address:	House/Flat No	./Name	Village/Town_			
			/PS			
	District	State		Pin Code		

Fathor's Nam	NFORMATION		Occum	ation		
Father's Nam				ation:		
Mobile:						
Mother's Nar		Occupation:				
Mobile: Address:		E-mail:  House/Flat No./Name Village/Town				
Address.		PO/				
	District	State_		Pill Code		
V. <u>EDUCATI</u>	ONAL INFORMA	TION				
List all the sch		ou have attended be <sub>l</sub>	ginning with High	School. Attach a	photocopy of all	
Secular Degre	ee					
Study/Degree Program	School/College	Address	Month, Gradua	,	Board/University	
Theological D	)egree					
Study/Degree	School/College	Address	Month,	/Year Grade/Perc	Board/University	
Program			Gradua	ted entage		
. <u>LANGUAC</u> 1. Native lar	GE & SKILLS  nguage:					
2. Acquired	language(s)		*Please circle yo	ur level – A: Excellent	:, B: Average, C: Poor	
Acqu	uired language	anguage Listening		Reading	Writing	
		A B C	A B C	A B C	A B C	
		A B C	A B C	A B C	A B C	
		A B C	A B C	A B C	A B C	
				1	i .	
3. Were you	educated in English	ı? 🗌 Yes	□No			

	If yes, list them.						
5.	Do you acquire any vocational skill?						
VI. S	SPIRITUAL INFORMATION						
_	How long have you been a Christian?						
2.	Are you saved/born again?						
	If yes, specify when.						
	Please write your personal testimony on a separate sheet of paper giving a brief account of how, when and where you were saved and submit it along with this application form.						
3.	Have you been baptized?						
	If yes, specify when.						
	How?						
4.	Have you ever used Drugs? Tobacco? Paan? Ganza?						
	☐ Cigarette/Bidi? ☐ Alcohol?						
	Do you still use any of them?						
	If no. when did you stop?						
5.	State your attitude towards worldly amusements such as dancing, cinema, worldly music, gambling,						
	playing cards, etc.						
VII.	CHURCH INFORMATION						
1.	In what denominational church, do you hold your membership?						
2.	Give the name and address of your local church.						
3.	, , , , ,						
4.	How long have you been attending this church?						
5.	What is your level of local church involvement?						
	State if you hold any position in your church.						
	How many people attend your church?						
8.	How many theologically trained persons are there in your church?						
VIII	I.MINISTRY INFORMATION						
	Are you currently involved in any full time/part time ministry?						
	If yes, please state the nature of the ministry.						

If no, please state	e what you a	re currently doing				
2. Why do you wan	t to study in	a Bible College?				
8. What type of mir	nistry would	you like to do after yo	our theological training?			
State how your tl	. State how your theological training will help you in your desired ministry.					
.EXPERIENCE						
ist all significant em	ployment an	d/or ministry experie	nces you have had.	*Attach certificates if availab		
Employer/Church/Orgo	ınization	Position held	Title/Nature of Work	Period		
MISCELLANEO	US INFORN	MATION				
			ninary?			
		och Seminary before?				
If yes, when?		,				
•	enied admiss					
		sion by any other sem		No		
If yes, please exp		,,				
		d by any other semina	ary/school/employer?	☐ Yes ☐ No		
If yes, please exp		a by any other semme				
		or convicted for any c		□No		
•		•				
If yes, please exp	IdIII					
. <u>REFERENCE LE</u>						
		• •	s with reference forms th	at come with this at the time of submission		
_			· · ·			
	Name	Designation & Organization	Address	Mobile No. & E-mail		
Local Church Pastor						
Church Leader						
Christian						
Employer/Teacher						

Pr	ovide the details of a local guardian who sh	ould be contacted at	t the time of emergen	cy.	
Na	me:				
Ad	dress:				
M	obile:	E	-mail:		
Нс	ow are you related?				
XIII	.FINANCIAL INFORMATION				
	Statement of Fee Structure is provided alon nsideration of the fees.	g with this applicatio	on form. Fill in this sec	tion after proper	
1.	Are you applying for Work Scholarship?	Yes	□No		
	If yes, please fill in a separate form for Wo	ork Scholarship provi	ded along with this fo	rm.	
	If no, continue to fill in below.				
2.	Who will pay your fees?	☐You	Others		
	If 'Others', please specify.				
	Name:				
	Address:				
	Mobile:		-mail:		
	How are you related?				
	How will they pay your fees?	Through you	Bank		
3.	Mode of payment of fees: Yearly	Half-yearly	Quarterly	☐ Monthly	
4. Give the details of the person to whom bills for payment and receipts of payment are					
	Name:	F-7	, , , , , , , , , , , , , , , , , , ,		
	Address:				
	Auuress				
	Address.				

## XIV. MEDICAL INFORMATION

Asia Antioch Seminary requires that a candidate must be physically fit for undergoing a rigorous theological training. This is subject to medical check-up and recommendation from a qualified doctor holding at least an MBBS degree. Please get the Health Statement sheet filled in by a Medical Doctor and submit it along with the Application Form.

# XV. APPLICATION CHECK LIST Please check the following list for a complete application. Application Form (filled up, 1 photo attached) Written Personal Testimony Photocopy of Academic records (marksheets and certificates) Three Reference Letters (using form) Health Statement (using form) Scholarship Form (if applied for Work Scholarship, using form, along with written applications)

### XVI. DECLARATION & SIGNATURE

Application & Prospectus Fee of ₹250/-

I affirm that my statements in this application and in the attached pages are correct to the best of my knowledge. By signing below, I agree to the procedure of application and the process of admission as conducted by Asia Antioch Seminary and prescribed by Asia Theological Association (ATA). I give Asia Antioch Seminary full permission to retain confidentially all submitted application materials as a permanent record and to verify all information with the relevant persons or institutions. If admitted, I agree to abide by the rules and code of conduct of Asia Antioch Seminary. I will help maintain the spiritual and moral ideals of the Seminary, live a life of separation from worldly amusements, render due respect to the Seminary authority, faculty and staff, fully conform to its spiritual, social, financial and academic regulations and will not promote any doctrine contrary to the Seminary's doctrinal position.

SIGNATURE:

NAME:

DATE:

PLACE:

If you have any question concerning this application, please contact the Office.