



BIBLICAL THEOLOGICAL COLLEGE & SEMINARY - BTCS

Contact: +91 90364 17377, E-mail: btcsindia2003@gmail.com,
Website: www.ibmcvision.com/btcs

Please attach
your recent
Passport photo
here.

APPLICATION INFORMATION

Full Name			
Email		Phone Number	
Date of Birth		Place of Birth	
Address			
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Re-married
If Married, Spouse Name:			If Married, No. of Children: <input type="text"/>

REGISTRATION INFORMATION

Have you applied for BTC&S in the Past? ☐ Yes ☐ No., If yes, When? _____

To which programme are you seeking admission?

☐ Bachelor of Theology (B.Th)

☐ Master of Divinity (M.Div)

☐ Master of Theology (M.Th) ☐ Systematic Theology ☐ Missiology ☐ Counselling

☐ Doctorate Programme (D.Min/Ph.D)

FOR OFFICE USE ONLY

Date of Received	_____	Date of entrance exam	_____
Place of entrance exam	_____	Date of entering	_____
Date of Admission	_____	Selected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration No	_____
Reserved for	_____		

President

Registrar

EDUCATIONAL INFORMATION

Please list all institutions attended high school, and including college, university, seminary and professional training.

Name of Institution	Location	Date Attended	Degree

CITIZENSHIP

Are you Citizen of India? ☐ Yes ☐ No

If non-Indian citizen: Country of Citizenship: _____

Under what Visa category did you come _____ Duration of visa _____

PERSONAL INFORMATION

(Background, Health & Financial)

- ☐ Yes ☐ No Have you ever been dismissed or had disciplinary probation by any school or college?
- ☐ Yes ☐ No Have you ever been convicted of any felony?
- ☐ Yes ☐ No Have you ever used illegal drugs or alcohol? If yes, when did you stop?
- ☐ Yes ☐ No Do you use Tobacco, Smoking, and other forms of intoxicants still?
- ☐ Yes ☐ No Do you have any physical, mental or emotional disabilities which may affect your studies?
- ☐ Yes ☐ No Are there any other facts regarding your health that are relevant to your pursuing studies and social activities. *(Please give a doctor's certificate of your physical examination)*
- ☐ Yes ☐ No Will you able to meet the financial requirement for your studies?
- ☐ Yes ☐ No All fees must paid at the time of admission, will you able to pay?

CHURCH, SPIRITYAL LIFE AND MINISTRY GOAL INFORMATION

Name of Church where you are now a member _____

Date of joining this church _____ Name of Pastor / Elder / Bishop _____

Church Address _____ City _____ State _____ Pin _____

Church Phone Church Fax

Does the church that holds your membership affiliated with Biblical ministries church? _____

If not, which denomination is it affiliated? Please be specified _____

Do you know Christ as your personal saviour? _____ When? _____

Have you taken believer's Baptism? _____ Are you ordained / layman / others? _____

Do you have the conviction that the Lord has called you into his ministry? ☐ Yes ☐ No ☐ Not sure

CHURCH, SPIRITYAL LIFE AND MINISTRY GOAL INFORMATION

What do you expect to be? ☐ Pastor ☐ Elder ☐ Bishop ☐ Evangelist ☐ Missionary
(to where? _____), Other specify _____

Are there any disagreement with statement of faith expressed there in? ☐ Yes ☐ No ☐ Not sure

If Yes, state which area _____

State your goal in relation to future ministry _____

Do you plan / desire to serve with Biblical ministries? ☐ Yes ☐ No ☐ Not decided

EMERGENCY CONTACT INFORMATION

Please list two persons who can be contacted by BTCS if you experience an emergency

Name _____

Address _____

City _____ State _____

Contact No. _____

Emails _____

Relationship to you _____

Name _____

Address _____

City _____ State _____

Contact No. _____

Emails _____

Relationship to you _____

REFERENCES

It is the applicant's responsibility to send the enclosed recommendation for admission forms to the three people as listed below:

Name of Reference _____ Title _____

Address _____

Phone (_____) _____ Relation to You _____

Name of Reference _____ Title _____

Address _____

Phone (_____) _____ Relation to You _____

Name of Reference _____ Title _____

Address _____

Phone (_____) _____ Relation to You _____

STATEMENT

Please sign and submit this application along with the additional material listed. Once submitted, the application and all supporting documents may not be returned to you.

I acknowledge that all statements on this application are true to the best of my knowledge. I pledge myself to abide by all the regulations of faculty and administration to seek in every way to protect the good name of the institution; to preserve and protect the physical properties of the seminary and to co-operate with the seminary's family in maintaining a spirit of Christian fellowship throughout my training days. I understand the seminary to reserve the right to request a student to withdraw at any time.

Parent's / Guardian's
Signature

____/____/____
Date

Signature of Applicant

APPLICATION CHECK LIST

(Make sure that send all the documents along with your application)

- | | |
|---------------------------------|--|
| 1. All questions answered. | 6. Passports photo enclosed. |
| 2. Mark list enclosed. | 7. Pre-seminary study sheet enclosed. |
| 3. Degree certificate enclosed. | 8. Work experience certificate enclosed. |
| 4. Church letter enclosed. | 9. Original document should be submitted |
| 5. Health report enclosed. | at the time of admission for during your |
| | study at BTC&S. |



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STATEMENT OF FINANCIAL SUPPORT

STUDENT

Name _____ Date of Birth (DOB)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sex: ☐ Male ☐ Female Marital Status _____ Citizen of _____

Relationship to person granting support _____

Address for mailing _____

Current phone number _____ E-mail address _____

Name of spouse and Children accompanying person above

Spouse _____ Sex (☐ Male ☐ Female) Date of Birth (DOB)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child _____ Sex (☐ Male ☐ Female) Date of Birth (DOB)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child _____ Sex (☐ Male ☐ Female) Date of Birth (DOB)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SPONSOR

I/We _____

Residing at, street and number _____

City and postal code _____

Country _____

I am completing this statement of support on behalf of the person (s) tested in section 1.

- a) This statement of financial support is made for the purpose of assuring the seminary that the person (s) name above will not become a public charge in the seminary.
- b) I am willing and able to receive maintain and support the person (s) name above. I am ready and willing to deposit a bond, if necessary, to guarantee that such person (s) will not be a public charge during his or her stay at the biblical Theological College and Seminary, India.

c) I am employed as, or engaged in the business of :

Type of business _____

Address of business _____

I have on deposit savings an amount of _____

SPONSOR

I have stocks and bonds valued at _____
I own real estate value at _____

*Please attach official statements to verify the information listed above.
(For example, tax returns, savings deposit statements etc.)*

- d) I intend to make contributions to the person (s) named in item 1 in the specific amount of Rs. _____ Per year. (This amount will apply towards the financial guarantee required for the needy size as listed in the seminary's student's checklist.
- e) I acknowledge at that I have read all the instructions, sponsor, and am aware of my responsibilities as a sponsor under the financial security amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent _____ Date _____

Signature of an Official Witness _____

This form must be OFFICALLY NOTARIZED _____ Date _____

This document serves as a permanent record and is kept in the student's file. This guarantee is regarded as legally binding and serves to demonstrate the student's financial stability for the duration of this or her studies.

FOR OFFICE USE ONLY

President Signature

Finance Secretary Signature

Admission Office,
The Biblical Theological College & Seminary,
1924, Shalom Enclave, Yerappanahalli Main Rd,
Doddagubbi Post, Kannur, Bengaluru, Karnataka 560077
Ph: +91 90364 17377



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RECOMMENDATION FOR ADMISSION

(To be completed the College Professor / Christian Leader)

To be completed by applicant:

STUDENT

Degree Program for:

☐

Bachelor of Theology (B.Th)

☐

Master of Divinity (M.Div)

☐

Master of Theology (M.Th)

☐

Systematic Theology

☐

Missiology

☐

Counselling

☐

Doctorate Programme (D.Min/Ph.D)

Applicants Name: _____

Address: _____ City _____ State _____ Zip _____

Applicant must check one box

I ☐ waive ☐ do not waive my right of access to the contents of this recommendation form.

Applicant's Signature (Mandatory)

To be completed by Recommender (family members are not acceptable)

Recommender's name _____ E-mail: _____

Recommender's address _____

How long have you known the applicant? _____ Telephone No. _____

How do you know the applicant? _____

Please indicate your understanding of the applicant's ministerial goals _____

SPONSOR

Please evaluate the applicant in the following areas mark comments on the back of this sheet for any below Average or poor responses. Feel free to use that space for any other comments as well.

Please check the number and circle	Outstanding	Above Average	Average	Below Average	Poor	No. Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgement Stability	5	4	3	2	1	N
Emotional Stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relation to others	5	4	3	2	1	N
Spouse / Family relations	5	4	3	2	1	N
Academic / Intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

- Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?
☐ Yes ☐ No. If yes, please elaborate.
- Do you know of any personal habits (sexual behaviour, drug / alcohol use) or personal prejudices which might hamper service in a church-related position?
☐ Yes ☐ No. If yes, please elaborate.
- How do you perceive the attitude of the applicant's spouse family / finance toward seminary education and vocational Christian ministry?
☐ Very positive ☐ positive with some reservations ☐ Neutral ☐ Negative
☐ Not applicable please elaborate _____
- Would you recommend this person to a church related position upon completion of seminary training?
 might hamper service in a church-related position? ☐ Yes ☐ No
- Do you recommend this person for admission? ☐ Yes ☐ No. If yes please check one:
☐ With confidence ☐ With some reservations ☐ With reluctance
- What characteristics do you consider to be the greatest strengths or talents of the applicant?
 What characteristics do you consider to be the greatest weakness of the applicant?
 Additional comments: _____

 Recommender's Signature

Date : ____/____/____

Thank you for your thoughtful responses. Please return this form to:

Admission Office,
 The Biblical Theological College & Seminary,
 Ph: +91 90364 17377



Office of Admissions

BIBLICAL THEOLOGICAL COLLEGE & SEMINARY

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Reference:

To be completed by Christian Friend

This Section to be completed by the Applicant:

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Day Phone: _____ Evening _____

Name of person you are asking to provide a Reference: _____

Address _____ City _____ State _____ Zip _____

Course Applied for: ☐ Bachelor of Theology (B.Th)

☐ Master of Divinity (M.Div)

☐ Master of Theology (M.Th) ☐ Systematic Theology ☐ Missiology ☐ Counselling

☐ Doctorate Programme (D.Min/Ph.D)

To the applicant: I under that this recommendation is to be received and maintained in confidence by Biblical Theological College & Seminary for admission, consideration for graduate students, and will become a part of my official admissions file. I hereby expressly waive any and all rights I have of access on their evaluation under the family Education Rights or all other law, regulations or policies. I understand that the right I am waiving include, but are not limited to the fight to inspect and review this letter; the fight to have a copy of this letter made for my use, the right to request an amendment of their letter.

☐ I agree to waive access to this Recommendation

☐ I do not agree to waive access to their Recommendation

Signature of Applicant _____

Date: _____

INSTRUCTIONS TO PERSON PROVIDING RECOMMENDATION

This section is to be complete by the Reference

The above-named person has applied for admission to Biblical Theological College & Seminary and has name as a reference. We would appreciate your candid evaluation of the application applicant through your responses to the questions which follow. Your assessment will be helpful in judging the applicants qualifications and personal readiness for admission into a rigorous academic program that will challenge them personally, intellectually and spiritually.

REFERENCE

How long have you know the Applicant? _____ In What Capacity: _____

Do you Recommend this person for admission

If yes: ☐ With complete confidence or ☐ With some reservations

Would you recommend this person to a ministry Position upon completion Seminary?

☐ Yes ☐ No

Would you recommend this person to a ministry Position upon completion Seminary?

☐ Yes ☐ No

ASSESSMENT SECTION

Please check the box that best describes the candidate's abilities. Leave blank if you are not able to judge.

Areas of Ability	Excellent	Above Average	Average	Inadequate
Time Management Skill				
Personal Responsibility				
Care in Financial Matter				
Academic Performance				
Intellectual Ability				
Leadership Qualities				
Ability to cope under stress				
Christian Character				
Emotional Stability				
Mental Health				
Christian Spiritual Maturity				
Poise				
Relational skills				
Articulateness				
Social Acceptance				
Potential for Effective Ministry				
Commitment to a church related vocation				
Spouse's Support				
Integrity / Honesty				

Please feel free to provide written comments on a separate sheet of paper. You may also feel free to contact the Director of Admissions at +91 90364 17377 in order to discuss this recommendation.

Would like for the direction of admissions to call you in order to discuss this recommendation?

☐ Yes ☐ No

Recommender's Signature: _____

Date: _____



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ECCESTICAL RECOMMENDATION FOR ADMISSION

Name of Application _____

Address _____ City _____ State _____ Zip _____

Degree Program for : ☐ Bachelor of Theology (B.Th)
☐ Master of Divinity (M.Div)
☐ Master of Theology (M.Th) ☐ Systematic Theology ☐ Missiology ☐ Counselling
☐ Doctorate Programme (D.Min/Ph.D)

To the applicant: This form is to be completed by your spiritual overseer i.e., Bishop, District Superintendent, Supervisor, pastor, and returned by him directly to the office of admissions. I authorize the spiritual overseer identified on their form to complete the recommendation and disclose this to Bible Theological College & seminary. I understand that this form is confidential and that I will not be entitled to review the completed Recommendation. I release the overseer and BTC&S from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

(Signature)

To the overseer: Each applicant for admission to BTC&S must submit a recommendation from his/her spiritual overseer. Serious considerations will be given to your comments, therefore, please complete the form carefully. Since a candid evaluation is requested, your comments will help in strictest confidence. The recommendation should be returned directly to the office of BTC&S Admissions.

1. How long have you known the applicant? _____ In what Capacity? _____

2. How well do you know him/her? ☐ By name/sight ☐ Fairly well numerous personal contact
☐ Casually-few personal contact ☐ Very close, personal friendship

3. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Not Observed
Leadership					
Responsibility					
Christian Commitment					
Initiative					

	Excellent	Above Average	Average	Below Average	Not Observed
Co-operativeness					
Moral Character					
Social Adaptability					
Integrity / Honesty					
Personal Appearance					

4. Please comment, if possible, on the application ministerial effectiveness and competence. Also evaluate their potential for leadership, any character strengths or weakness which you perceive, and your perception of applicants' ability to complete a vigorous ministerial degree program. Please evaluate his / her relationships in the home and community. Additional comments you may wish to make are also welcome.

[illegible]

One the basis of the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with Reservation ☐ Not recommended

Overseer / Supervisor Name: _____

Overseer / Supervisor's Signature: _____

Name of Church / Organization: _____

Address: _____

. Phone No.

ADMISSION OFFICE:

Biblical Theological College & Seminary, 1924, Shalom Enclave, Yerappanahalli Main Rd, Doddagubbi Post, Kannur, Bengaluru, Karnataka 560077, Bangalore – 560077. India.

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