



BELIEVERS CHURCH THEOLOGICAL SEMINARY

ST. THOMAS NAGAR, P.O BOX. 8, KUTTAPUZHA P.O, THIRUVALLA, KERALA, INDIA 689 103.

PH: (0091) 0469-2630274, 2630654, 2630771

E-mail: bcts@bcasia.org. Web: www.bcseminary.org

AFFILIATED TO SENATE OF SERAMPORE COLLEGE (UNIVERSITY) AND ACCREDITED BY THE ATA

The last date for receipt of completed Application Form is _____

The last date for receipt of the completed Application Form with a late fee of Rs. 100 is _____

Guidelines to help you fill the Application Form

1. Read carefully and thoroughly the application form and the prospectus before you begin to fill in the form.
2. Check your eligibility, i.e. minimum required educational qualification, for the program you are applying for.
3. Write clearly, distinctly and specifically. Furnish all the information asked for.
4. An application will be summarily rejected if there is any discrepancy between the material particulars filled in the application form and the supporting documents. The name of the applicant, his/her date of birth and qualification will be considered as material particulars in this context.
5. Where a degree is prescribed as the basic qualification for admission to a program, only those applicants will be eligible for admission to the programs.
6. Attach the following documents with the Application Form:
 - a) Attested copies of Matriculation Pass Certificate and Mark sheet.
 - b) Attested copies of 12th Pass Certificate and Mark sheet.
 - c) An attested copy of Birth Certificate.
 - d) An attested copy of Transfer/Migration Certificate by a Board/Council.
 - e) Attested copies of University Degree Certificate & Mark sheet. (Applicable for those who are applying for BD/M.Div/M.Th. programs). OR An attested copy of B.Th/M.Div certificate and Mark sheet (Applicable for those who are applying for BD/M.Div/M.Th. programs).
 - f) An attested copy of Migration certificate from university.
 - g) A recommendation letter from candidate's local Pastor / Vicar / Elder.
 - h) Copies of ministry experience certificates (if any).
 - i) One-page testimony of the candidate written in English.
 - j) Three recent passport size photographs.
 - k) A declaration that the candidate will not register for any other degree/ diploma course with any other institution or university, as the violation of this rule will lead to dismissal.
 - l) Any other document the candidate have to his/her credit.
7. Attestation: The photograph on the application form and photocopies of all documents may be attested by any one of the following officials:
 - a. Gazetted Rank Headmasters or Head-Mistresses of Government recognized Higher Secondary or High Schools.
 - b. Gazetted Officers.
 - c. Teachers in Colleges and Universities who are recognized as Gazetted Officers
8. Send the application fee by D.D. in favor of 'Gospel For Asia Biblical Seminary,' payable at Thiruvalla, as per the fee details given below:

B.Th and M.Div	Rs. 100/-
BD and M.Th	Rs. 150/-
9. Send the filled-in Application form to the Registrar, Believers Church Theological Seminary.
10. Do not send any original certificate with the application form.
11. Fees remitted to the office will not be refunded for any reason.
12. The application form and the documents attached with it will not be returned.
13. Incomplete application form will not be considered.
14. An application form from those without real Christian commitment will not be accepted.
15. Originals of all the certificates including transfer certificate/ migration certificate are to be submitted to the office at the time of admission.
16. Applications received after the last date without late fee will not be considered.
17. Applicants provisionally admitted pending their results should submit the pass certificates, by the date prescribed. Those who fail to do so will have their registration cancelled.
18. Make sure that the Reference Forms reach the office in time, duly filled in by the referees.
19. B.Th upgraders and M.Th candidates should have had a minimum of one year ministry experience after the completion of their earlier theological study.



BELIEVERS CHURCH THEOLOGICAL SEMINARY

ST. THOMAS NAGAR, P.O BOX. 8, KUTTAPUZHA P.O, THIRUVALLA, KERALA, INDIA 689 103.

PH: (0091) 0469-2630274, 2630654, 2630771

E-mail: bcets@bcasia.org. Web: www.bcseminary.org

AFFILIATED TO SENATE OF SERAMPORE COLLEGE (UNIVERSITY) AND ACCREDITED BY THE ATA

Please fill the blanks in English in your own handwriting legibly.
Incomplete application forms will not be considered.

Affix a recent
passport size
photograph
duly signed
by the applicant
on the front

GENERAL INFORMATION

1. Indicate the course applied for: (✓ the appropriate)

COURSE	REQUIREMENTS	DURATION
SENATE OF SERAMPORE COLLEGE (SSC)		
BD	Bachelor Degree from a recognized University	4 years
	Plus-two pass from a recognized board of education and completed 18 years of age	5 years
ASIA THEOLOGICAL ASSOCIATION (ATA)		
B.Th.	18 years of age and a pass 10+2 or equivalent	4 years
M.Div.	Bachelor Degree from a recognized University OR B.Th. Degree with minimum second class (B Grade) from an institution recognized by SSC or ATA	3 years
		2 years
M.Th. (Theology Missions)	M.Div./B.D. Degree with minimum B+ grade or a high 2 nd class from an institution recognized by SSC or ATA	2 years

2. Name: _____

(As per school leaving certificate)

3. Sex: Male Female

4. Permanent Address: _____

District: _____ State: _____ Pin: _____

5. Address for correspondence: _____

District: _____ State: _____ Pin: _____

6. Office / Residence Telephone No. (with code): _____ E-mail ID _____

7. Date of Birth ___/___/___ Age _____ Place of birth _____

8. Nationality: _____

9. Mother Tongue: _____

Other languages you can: Speak _____ Read _____ Write _____

10. Is any of your relative studying or employed at present in the seminary? Yes No

11. If yes, what is his/her name? _____ Relationship _____

12. Marital Status the appropriate): Single Married Widowed Divorced

If Married,

- ❖ Spouse's Full name _____ Date of Birth ___/___/___
- ❖ Educational Qualification _____ Date of Marriage ___/___/___
- ❖ Occupation of your spouse _____
- ❖ Is your spouse supportive of your decision to engage in higher theological studies? Yes No
- ❖ Do you have children? Yes No

If 'Yes', name, age & class each studying in

1				
2				
3				

13. If married, do you require family quarters? (Please ✓) : Yes No

14. Parents Name and Address:

Father's Name: _____	Mother's Name: _____
Occupation: _____	Occupation: _____

Address: _____

District: _____ State: _____ Pin: _____

Tel. No. _____ E-mail _____

15. Guardian's Name: _____ Occupation: _____

Address: _____

District: _____ State: _____ Pin: _____

Tel. No. _____ E-mail: _____

16. Annual income of parents/ family _____ Source of income _____

17. Name and address of a relative who lives closest to the Seminary _____

District _____ State _____ Pin _____ Tel. _____

18. List all the institutions (from class X onwards), where you have studied:

COURSE/ DEGREE	NAME & LOCATION OF THE INSTITUTION	YEAR PASSED	PERCENTAGE SCORED	CLASS/ GRADE

(Attach photocopies *attested by a Gazetted officer*, of all relevant certificates along with the filled-in application form)

19. Specify your branch of study: Undergraduate _____ Post Graduate: _____
(Applicable only for M.Th.)

20. Special honours conferred (if any): _____

21. Denomination/ church / affiliation: _____

22. Duration of communicant membership in the church: _____

23. Name and address of the local congregation where you are a member: _____

24. Specify your involvement in the church activities (if any): _____

25. Have you accepted Jesus Christ as your personal Saviour? Yes No
if yes, date _____ month _____ year _____ (attach your salvation experience separately)

26. Are you sure that God has called you for his ministry? _____

27. Specify your talents, hobbies or interests: _____

28. Specify your area of ministry, if any, you have had: Pastoral Ministry Children's Ministry
 Youth Ministry Sunday school Evangelism Others: _____ for how long _____

29. What do you plan to do after graduation? _____

30. Who will meet your financial needs? (the appropriate)
 Self Parents Church Organization any other

Name & Address of your sponsor _____

31. Were you ever treated for any chronic disease such as Tuberculosis, Epilepsy, Rheumatic heart, Asthma, Diabetes, high BP, etc?

3 If yes, specify _____

32. Are you differently abled? Yes No

If yes, specify _____

33. Mental/Emotional Fitness:

- ❖ Are you in sound mental health? Yes No
- ❖ Have you ever had bouts of depression? Yes No
- ❖ Have you ever been under professional psychiatric care? Yes No
- ❖ Do you get easily upset at real/ apparent provocation? Yes No

34. Do you require special diet / accommodation? Yes No

35. Did you have the habit of using tobacco, drugs, intoxicating drinks etc? Yes No

36. What are you doing now? Employed student waiting for result unemployed Church Work

Teacher, Any other _____

37. Have you ever discontinued or been debarred from your studies or subjected to other disciplinary action?

Yes No If yes, mention the year(s) _____ Reason(s) _____

38. Please attach the following along with the application form:

- a. A neatly typed statement of your conversion experience
- b. Calling to the ministry experience
- c. A neatly typed statement of your desire to pursue theological education and motivation for you to join Believers Church Theological Seminary. (Not more than one page)

39. Please give the names and addresses of two persons who will provide references about your academic performance and spiritual maturity:

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Telephone _____

Telephone _____

E-mail _____

E-mail _____

40. Please give the names, address and telephone nos. of two persons whom you like to visit/call or expect visit/call you while you are in the Seminary.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Telephone _____

Telephone _____

E-mail _____

E-mail _____

DECLARATION

I, _____, do hereby declare that all the information furnished in this application is true and correct to the best of my knowledge and belief and I promise to abide by the rules and regulation of the Seminary, if selected.

Signature of applicant

Date

FOR OFFICE USE ONLY

Mode of application fee received	:	MO / DD / CASH
Date of the receipt of application	:	_____
Result of Screening	:	Approved / Denied
Interview Intimation sent on	:	_____
Interview fixed for (date)	:	_____
Result of Interview & Written Exam	:	Admit / Wait list / Reject
Intimation of Admission sent on	:	_____
Required to join on	:	_____
Date of Admission and No.	:	_____
Course Admitted to	:	_____
Date of leaving / removal / graduation	:	_____
Degree awarded	:	_____

Remarks:

Principal

Dean of Students

Registrar



BELIEVERS CHURCH THEOLOGICAL SEMINARY

ST. THOMAS NAGAR, P.O BOX. 8, KUTTAPUZHA P.O, THIRUVALLA, KERALA, INDIA 689 103.

PH: (0091) 0469-2630274, 2630654, 2630771

E-mail: bctsb@bcasia.org. Web: www.bcseminary.org

AFFILIATED TO SENATE OF SERAMPORE COLLEGE (UNIVERSITY) AND ACCREDITED BY THE ATA

This portion to be filled by the applicant:

Name: _____

Address: _____

Desired Program of Study: _____

☞ This portion of the form should be filled by a professor or a teacher who is acquainted with the applicant's academic performance.

1. How long have you been acquainted with the applicant? _____

2. The last course of study the applicant had before he left your institution ✓ the appropriate)

S.S.L.C Pre-University Undergraduate Postgraduate

3. How would you appraise the applicant's abilities in the following areas?

	Not Observed	Poor	Average	Good	Outstanding
Intellectual ability	■	■	□	□	■
Relationship with others	□	□	□	□	□
Creative thinking	■	■	□	□	■
Social congeniality	□	□	□	□	□
Proficiency in English	■	■	□	□	■
Written communication skills	□	□	□	□	□
Oral communication skills	■	■	□	□	■
Mental cognizance	■	■	□	□	■
Leadership skills	■	■	□	□	■

Attitude to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Kindly use this space to make any additional remarks pertaining to the applicant's strengths and weaknesses that might be helpful in appraising this applicant for admission.

5. Do you recommend this applicant for studies at Believers Church Theological Seminary? (✓ the appropriate)
 strongly recommend recommend recommend with reservations do not recommend

(Seal)

Signature : _____

Name : _____

Designation : _____

Institution : _____

Address : _____

District : _____

State : _____

Pin : _____

Date : _____



BELIEVERS CHURCH THEOLOGICAL SEMINARY

ST. THOMAS NAGAR, P.O BOX. 8, KUTTAPUZHA P.O, THIRUVALLA, KERALA, INDIA 689 103.

PH: (0091) 0469-2630274, 2630654, 2630771

E-mail: bets@bcasia.org. Web: www.bcseminary.org

AFFILIATED TO SENATE OF SERAMPORE COLLEGE (UNIVERSITY) AND ACCREDITED BY THE ATA

This portion to be filled by the applicant:

Name: _____

Address: _____

Desired Program of Study: _____

☞ A spiritual mentor who is acquainted with the applicant's spiritual growth should fill this portion of the form.

1. How long have you been acquainted with the applicant? _____

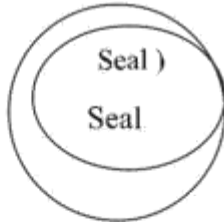
In what capacity? _____

2. Spiritual maturity: (✓ the appropriate)

	Not Observed	Poor	Average	Good	Outstanding
Relationship with Christ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relationship with spouse / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with church members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prayer life	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bible knowledge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acceptance in the society	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparedness to face hardships	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Openness to new ideas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moral Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Do you recommend this applicant for studies at Believers Church Theological Seminary?

strongly recommend recommend recommend with reservations do not recommend



Signature : _____
Name : _____
Designation : _____
Institution : _____
Address : _____
District : _____
State : _____
Pin : _____
Date : _____



BELIEVERS CHURCH THEOLOGICAL SEMINARY

ST. THOMAS NAGAR, P.O BOX. 8, KUTTAPUZHA P.O, THIRUVALLA, KERALA, INDIA 689 103.

PH: (0091) 0469-2630274, 2630654, 2630771

E-mail: bcts@bcasia.org. Web: www.bcseminary.org

AFFILIATED TO SENATE OF SERAMPORE COLLEGE (UNIVERSITY) AND ACCREDITED BY THE ATA

This portion to be filled by the applicant

Name: _____

Address: _____

Desired Program of Study: _____

☞ The sponsor should fill this portion of the form.

I/We, _____, hereby
promise to sponsor in full / half, the studies of _____,
(name of the applicant) at Believers Church Theological Seminary. I/We shall be responsible for all his /
her financial matters related to the studies. I/We undertake to clear all dues one month before the end of
every academic year and before Graduation.

Signature _____

Address _____

Place _____

Date _____

(Official seal, if the sponsor is an institution)



BELIEVERS CHURCH THEOLOGICAL SEMINARY

ST. THOMAS NAGAR, P.O BOX. 8, KUTTAPUZHA P.O, THIRUVALLA, KERALA, INDIA 689 103.

PH: (0091) 0469-2630274, 2630654, 2630771

E-mail: bcts@bcasia.org. Web: www.bcseminary.org

AFFILIATED TO SENATE OF SERAMPORE COLLEGE (UNIVERSITY) AND ACCREDITED BY THE ATA

This portion to be filled by the applicant

Name: _____

Address: _____

Desired Program of Study: _____

 An authorized medical practitioner should fill this portion of the form.

1. Name of the applicant: _____

2. Date of birth: _____ Sex: _____

3. Height (in cms): _____ Weight (in kgs): _____

4. General: ENT _____

Skin _____

CVS _____

Eyesight _____

Abdomen _____

5. Family History:

Hypertension _____ Diabetes _____

Blood group _____ Asthma _____

Past:

Jaundice _____ Operations _____

Fits _____ Long-term treatment _____

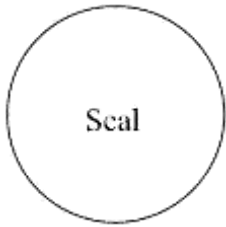
Allergy to any drugs _____

Intolerance or allergy to any food _____

6. Past treatment and recommendations: _____

Date: _____

(Signature of the Doctor)



Address: _____

