

Andhra Pradesh Bible College

Samadhana Sadan, Ponnal, Shamirpet P.O., & Medchal Malkajgiri Dist.,
Hyderabad, Telangana - 500078

**Check the List of Required Documents during the submission of your Application
(Kindly tick the attached documents)**

Name:

Name of the course applying:

S/N	Required Documents	Yes	No
1.	Duly filled Application Form		
2.	10 th Mark Sheet		
3.	12 th Mark Sheet		
4.	Transfer Certificate/Migration Certificate		
5.	Statement of personal Christian experience		
6.	Recommendation Letter from the Church Pastor		
7.	Recommendation Letter from a Christian Leader		
8.	Copy of Baptism Certificate		
9.	Medical Form		
10.	Two passport-size photographs		
11.	Financial statement form		
12.	Aadhar Card Copy		

(Kindly attach this sheet also along with your application form)

IMPORTANT INSTRUCTIONS

The applicant must fill out the application in his/her own handwriting. Illegible or incomplete applications will not be considered. The following documents must be attached to the application.

1. Statement of personal Christian experience
2. Recommendation from the applicant's Pastor on the church's letterhead concerning character, spiritual life, and duration of membership in the church of the applicant.
3. Attested photocopies of all academic certificates/mark sheets (candidates who are awaiting results of +2/Intermediate/Degree should mention it specifically. In such cases send copies of the other certificates, especially the mark sheets).
4. Please attach a photocopy of
 - a). The Baptism Certificate
 - b). The Aadhar Card.
5. Four passport-size photographs.
6. Completed Medical Form (available in a separate format) by a registered medical practitioner. You are requested to undergo a thorough medical examination and send/keep such reports for verification.
7. Applicants requiring Work Scholarship should apply separately with all supporting documents.

Please Note:

- (1) Kindly give the recommendation forms (available in a separate format), one to a Christian leader and the other to a Christian friend/teacher who knows you well to be filled. Those who recommend should mail these forms directly to the College.
- (2) Kindly send Rs. 200/- towards the cost of processing the application form in one of the methods mentioned in "How to remit Fees." For those opting for the online payment method, the evidence of the transaction (e.g., transaction ID) must be emailed to apbiblecollege49@gmail.com
- (3) Please return the completed application form along with the entire required documents by registered post/speed post (**Do not send by courier**) before **May 31st**.

APPLICATIONS RECEIVED WITHOUT NECESSARY DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IN CASE OF SOME UNAVOIDABLE DELAY, PLEASE ATTACH A NOTE GIVING THE REASON FOR THE MISSING DOCUMENT.

**The Academic Office,
Andhra Pradesh Bible College, Samadhana Sadan
Ponnal, Shamirpet & P.O., Medchal Malkajgiri District,
Hyderabad – 500078, Telangana.
Contact Number: +917013699901; +919100379422
Email: apbiblecollege49@gmail.com**

Andhra Pradesh Bible College (APBC)

Samadhana Sadan, Ponnal, Shamirpet, Hyderabad, Telangana - 500078.

Accredited by Asia Theological Association (ATA)

Contact Details: +917013699901; +919100379422

Email: apbiblecollege49@gmail.com

APPLICATION FOR ADMISSION

Please tick the course you are applying for:

Courses Offered
<input type="checkbox"/> Certificate in Theology (C.Th.) - 1 year (English Medium)
<input type="checkbox"/> Diploma in Theology (Dip.Th.) - 2 years (English Medium)
<input type="checkbox"/> Bachelor of Theology (B.Th.) - 3 years
<input type="checkbox"/> Dual Degree (B.Th & B A) - 3 years

FOR OFFICE USE ONLY

Application Number: _____

Received on: _____

Acknowledgment sent: YES NO

Evaluation: First Second

Application Fees: Paid Not Paid

THE APPLICATION MUST BE FILLED IN CAPITAL LETTERS ONLY

I. PERSONAL DETAILS

First Name: _____

Surname: _____

Date of Birth: _____ Age: _____

Birth Place: _____ Gender: _____

Mother Tongue: _____ Nationality: _____

Mobile No: _____ Whats App No: _____

Aadhar Card No: _____

Email: _____

(kindly give your nearest relative/Pastor's E-mail ID in case you do not have one)

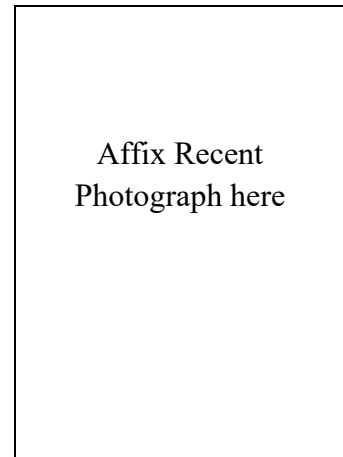
Permanent Address:

Present Occupation: _____

II. ACADEMIC QUALIFICATIONS

Course of Study	Subjects	Period of Study From which year to which year	Percentage of Marks Scored
High School			
+2/Intermediate			
Others (Specify)			

(Kindly attach the 10th, 12th, and all the photocopies of your Mark sheet, degree, and Certificate with the application form)



PROFESSIONAL TRAINING: _____

TECHNICAL QUALIFICATION: _____

SPECIAL TALENTS/HOBBIES: _____

COMPUTER KNOWLEDGE: _____

Mention the Languages that you know: _____

III. FAMILY STATUS

Father's/Guardian's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Parents/ Guardian Contact (Mobile/WhatsApp): _____

How many siblings do you have? _____ Brothers: _____ Sisters: _____

Are they studying or employed? _____

Marital status of student (*please tick*)

Unmarried	Married	Engaged	Widow	Widower
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If Married, Spouse's Name: _____ Occupation: _____

If you have Children, Please list their names and age

Name	Age
.....
.....
.....

IV. STATEMENT OF PERSONAL CHRISTIAN EXPERIENCE

(Please use additional paper and put the respective question number on it. Kindly put your signature and date in additional sheets)

1. Have you accepted Jesus Christ as your personal Savior?
2. When did you accept Jesus as your personal Savior? Give the date, if known.
3. Describe your salvation experience in detail: What kind of changes did the Gospel bring into your life? What do you do to maintain your walk with Jesus?
4. Why do you wish to engage in this study program? Have you received a specific call for ministry? If yes, kindly describe your experience, purpose, and goal.
5. State the reason why you chose APBC for your study?

Have you ever discontinued any course of study? If 'YES' state the reason and mention the name of the institution.

Have you ever used drugs/liquor/tobacco in any form? State whether Yes/No. If 'YES', give names/s and duration.

Do you have the habit of taking any drugs/liquor/tobacco in any form at present? YES or NO?

If you have stopped taking drugs/liquor/tobacco, explain when and the reason why you have stopped:

Do you have any police cases (Civil/Criminal) pending? State whether YES or NO. If YES, give details.

V. DENOMINATIONAL AFFILIATION

1. What is your church affiliation? _____

2. Are you baptized? _____ If yes, Date: _____

3. Name of your Pastor: _____

4. Name and Address of your local church: _____

5. What is your present involvement in your church? _____

6. Have you received any Theological Training? _____

If yes, Diploma/Degree you have completed _____

Name and address of Institution _____

7. Give the name and contact (Mobile/WhatsApp/Email) of the Christian leader and teacher who knows you well:

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Parents/Sponsor's Fee Commitment/Undertaking

1. Name of the Candidate (In Capital Letters): _____

2. Course Applied for: _____

3. Name of the Sponsor/Parent committed to paying the fees: _____

I/we hereby undertake to pay the full fee (Fees required by the college inclusive of tuition, living & annual dues) of the candidate to be enrolled in the above-selected course Rs. _____ (as per the fee structure of the current academic year attached back of the application).

I/we hereby undertake to support the above student for the entire period of _____ year/s of his/her study in Andhra Pradesh Bible College, Hyderabad.

Signature of the Parent/Sponsor

Name:

Position:

Seal:

(In case of organizational sponsor)

Name & Address of the person to whom the fee bill should be sent for payment:

City: _____ District: _____ State: _____

Country: _____ Pin Code: _____

Mobile No. _____ Email: _____

Declaration by the Applicant

I, _____ hereby declare that I have read and understood the prospectus of APBC. Furthermore, I affirm that all the information I have given above is true to the best of my knowledge.

Date:

Signature of the Applicant

Declaration by Parent/Guardian/Sponsor

I, _____ hereby certify that the information given is true to the best of my knowledge.

Date:

Signature of the Parent/Guardian/Sponsor

Important Information About Scholarships

(Please tick the appropriate box)

The college management offers skill-based work scholarships for a few financially weak candidates, based on the needs of the institution. There are two conditions to obtain this scholarship.

1. Apply stating that you are not capable of paying the actual cost of your education showing convincing evidence of the need with all the supporting documents.
2. Fulfil work scholarship requirements.

Please indicate the areas of service in which you possess relevant skills or experience in the following areas of service. This information will help the institution consider you for a work-scholarship based on the needs of the college.

Areas of Service for Work-Scholarship on campus (Tick all that apply)

- Electrical Work
 - Plumbing and water system maintenance
 - Carpentry
 - General Campus Maintenance (Cleaning, upkeep)
 - Gardening and landscaping
 - IT/Computer Support

 - Other (Please specify)
-

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Personal Health Questionnaire & Medical Certificate

(Before you see a doctor to obtain the Medical certificate, kindly read the following questions CAREFULLY and answer them by circling either “YES or NO”).

Full name (In Block letters) _____

Program for which you are applying: _____

1. Can you read without glasses?
2. Have you ever had tuberculosis?
3. Have you suffered from chest pain?
4. Have you ever had rheumatic fever?
5. Have you ever coughed up blood?
6. Do you have good hearing?
7. Have you ever been treated/undergoing treatment for (mental) illness?
8. Do you often catch severe fever or cold
9. Do you have joint pains?
10. Do you have a frequent cough?
11. Are you allergic to any medicines?
12. Do you have any skin disease?
13. Do you suffer from severe depression?
14. Is your appetite good?
15. Do you suffer from diabetes?
16. Have you ever had jaundice?
17. Do you frequently have loose motions (diarrhea)?
18. Do you have any heart problems?
19. Have you had fainting attacks?
20. Do you suffer from asthma?
21. Have you ever had fits/convulsions?
22. Have you ever had any surgery?
23. Do you consider yourself healthy enough to undergo Theological Training in a place where you will have to be exposed to different climatic conditions?

Medical Certificate

(To be filled by a registered medical practitioner)

Name of the applicant: _____

Age: _____ Height: _____ Weight: _____ Blood Group: _____

How is the candidate's eyesight? _____

Glasses recommended: _____

How is the candidate's hearing? _____

What is the condition of the candidate's teeth? _____

Does the candidate have any contagious skin disease? _____

Is there any sign of heart disease? _____

How is the general physical condition? _____

Are there signs of tuberculosis? _____

Is there any evidence of venereal disease? _____

Does the candidate suffer from epilepsy or fits? _____

Does the candidate suffer from malaria? _____

Does the candidate have any contagious disease? _____

Has the candidate suffered from any chronic illness? _____

If yes, specify: _____

Is the candidate suffering from hypertension or has any family history of diabetes or asthma? _____

Is the candidate suffering or showing any symptoms of jaundice, allergy, or intolerance to drugs? _____

Has the candidate been immunized against the following?

Typhoid: Date:

Tetanus: Date:

Cholera: Date:

Having personally given a thorough examination to Mr./Mrs./Miss _____ hereby certify that to the best of my knowledge, he or she is free from all contagious and infectious diseases and is fit for the study program.

Other remarks if any: _____

Doctor's Name: _____

Doctor's Signature with Seal

Date: _____

Recommendation Form 1

Confidential

(As the Andhra Pradesh Bible College is training young men for full-time Christian Ministry, it needs utmost care in selecting the candidates. Your help in this regard is greatly appreciated. Please give adequate information about the strengths and weaknesses of the applicant, which will help us in decision-making. All information given will be treated as confidential. Please send the form directly to the office of the Registrar at the earliest so that it may reach before 31st May).

Name of the Applicant: _____

Program for which the candidate is applying? _____

Address _____

How long have you known the applicant? _____

In what capacity have you known him/her? (State relationship e.g., Pastor, Friend, Teacher, Employer, etc.) _____

Has the applicant accepted Christ as his/her personal Savior? _____

What do you know about the applicant's Christian experience and personal Commitment to Christ?

What is the applicant's involvement in his/her local church and Christian work?

Do you think he/she has a real call and aptitude for full-time ministry? _____

What are his/her gifts that might be useful for Christian service? _____

Does the applicant have any weaknesses? If so, kindly state _____

Kindly give your opinion about his/her character (e.g. general maturity, relationship with others, reliability honesty moral standards, etc)

Is the candidate healthy enough for the strenuous work schedule followed in the New Life School of Missio

What is the financial condition of the applicant's Parents / Guardians?

Are they able to support the applicant's studies ? _____

How much can they give every month? _____

If they are not able to support, are there any other sources the candidate might have to raise the support?

_____ If yes, please give details _____

Please tick one of the following:

- I recommend the candidate highly
- I recommend the candidate highly
- I recommend the candidate with hesitation
- I do not recommend the candidate

Place: _____

Date: _____

Signature: _____

Name: _____

Designation: _____

Address: _____

Telephone no: _____

Email: _____

Recommendation Form 2

Confidential

(As the Andhra Pradesh Bible College is training young men for full-time Christian Ministry; it needs utmost care in selecting the candidates. Your help in this regard is greatly appreciated. Please give adequate information about the strengths and weaknesses of the applicant, which will help us in decision-making. (All information given will be treated as confidential. Please send the form directly to the office of the Registrar at the earliest so that it may reach before 31st May).

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What are his/her gifts that might be useful for Christian service? _____

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Kindly give your opinion about his/her character (e.g., general maturity, relationship with others, reliability, honesty, moral standards, etc)

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Are they able to support the applicant's studies ? _____

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If they are not able to support, are there any other sources the candidate might have to raise the support?

_____ if yes, please give details _____

Please tick one of the following:

- I recommend the candidate highly
- I recommend the candidate highly
- I recommend the candidate with hesitation
- I do not recommend the candidate

Place: _____

Date: _____

Signature: _____

Name: _____

Designation: _____

Address:

Telephone no: _____

Email: _____

How to Remit Fees

You may remit the fee annually, at the beginning of each academic year, or in instalments, before the beginning of each Semester i.e., June/July & October/November.

1. For online payments, please take note of the following information:

**Andhra Pradesh Bible College,
Ac. No. 42381908298,
State Bank of India, Balanagar Branch,
Hyderabad,
IFSC Code – SBIN0006854
Ph.No. +91 9849187697**

After making the online payment, please bring the evidence of the transaction to APBC Bursar's office and obtain an official receipt for the same.

2. Payable at Bursar's office in Andhra Pradesh Bible College, Samadhana Sadan, Ponnal, Shamirpet P.O., Medchal Malkajgiri Dist., Hyderabad, Telangana – 500078.

