



**8. Family Details :**

Name of Brother (s)	Contact No.	Name of Sister (s)	Contact No.

**9. Mother Tongue : .....**

**Do you speak any other language (s) ? : .....**

**10. i) Status :      Single           Married**

**ii) Are you medically fit for an extensive academic programme? (Use Appendix I)**

**11. Academic Qualification :**

Board/Degree	School / College	Year of Passing	Arrears (if any)
10th Standard			
12th Standard			
Bachelor's Degree (secular)			
Master's Degree (secular)			
Theological Degree (ATA/Non ATA)			
Any Other			

**PART B**

(To be filled in by married applicant)

**1. Wife's / Husband's Name : .....**

**2. Is She / He employed? :          Yes           No**

**If Yes, the nature and length of her/his Service : .....**

**Name (s) of Child (ren) :**

Name	Sex	Age

**PART C**

1. a) Are you a Born Again Believer? Yes  No

2. Church of which you are a member and the duration of membership :  
(Enclose a letter from you pastor indicating the status of you membership Appendix II)

Name of Church : .....

Year(s) of Membership : .....

3. State your involvement in the Church activities :

.....  
.....  
.....

4. Are you a financially Sponsored candidate of your Church/Mission? Yes  No   
(In both cases Use Appendix III)

a) If Yes, Enclose a financial Sponsor letter from Church/Mission authority

b) If No, enclose the Filled in Appendix III from Person(s) responsible for your financial support

5. Fill in the Name and Address of Two Persons who know you very well and whom we can contact as Referees :

1. (Use Appendix IV)

.....  
.....  
.....  
.....

2. (Use Appendix IV )

.....  
.....  
.....  
.....

I have read the Rules & Regulation of the Seminary and I hereby promise by God's help, to faithfully co-operate in observing them and I will endeavour to maintain the high standard of excellence in my conduct and study that will glorify Christ.

I promise to fulfill all my financial obligations in paying promptly the required fee for the entire course as per the rules of the seminary.

Date:.....

**Signature of Applicant**

**DOCUMENTS NEEDED FOR ADMISSION**

- 1. Application Fee, Registration Fee & other Related Fees Should be paid prior to admittance
- 2. Proof of age for the Applicant should have completed 18 years of Age on or before June of the Academic Year (Copy of Birth / Baptism certificate / School Leaving Certificate)
- 3. Two Passport size photographs (Other than the one affixed in this form)
- 4. Photocopies of 10th/12th/Diploma/Bachelor Degree/Theological Degree/ Other Certificates (Transcript of Record)
- 5. Conduct Certificate from the last attended programme
- 6. A Brief Auto-biographical testimony on a separate sheet with a special reference to your call to pursue theological education
- 7. Enclosures
  - ❖ Appendix I : Medical Certificate of Physical Fitness
  - ❖ Appendix II : Local Pastor’s Reference Form
  - ❖ Appendix III : Financial Guarantee Certificate
  - ❖ Appendix IV : General Reference Form
  - ❖ Appendix V : Pledge Form

**Note: No application will be entertained unless the above documents are attached.**

**For Office Use Only**

Registration # : _____	
Date of the Application Received : _____	
Details of Certificates Received : i) _____ ii) _____ iii) _____	
Remarks :..... .....	
<b>Registrar</b>	<b>Academic Dean</b>

# Antioch Biblical Seminary & College

Accredited by Asia Theological Association (ATA)

Post Box-05, Pondicherry University, Pillaichavady, Mathur Road, Puducherry - 605014

Phone: 0413- 2970521/22/23

Website: www.antioch.in



Affiliated with the Tamil District Council of SIAG

## MEDICAL CERTIFICATE OF PHYSICAL FITNESS

(By a Registered Medical Practitioner)

Name of the Applicant: .....

Age: .....

Height:.....

Weight: .....

### I. GENERAL PHYSICAL EXAMINATION:

Eye Exam: ..... ENT Exam: .....

Cardio-vascular System : .....

Respiratory system : .....

Alimentary system : .....

Central nervous system : .....

### II. HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION:

Accidents : .....

Operations : .....

Jaundice : .....

Tuberculosis : .....

Congenital anomaly : .....

Epilepsy : .....

Rheumatic heart Disease : .....

Respiratory Problems : .....

### III. LABORATORY EXAMINATION:

Blood-Hb, Tc DC, ESR ..... Blood Group & Rh .....

VDRL ..... RBS.....

Hbs Ag ..... HIV.....

### FITNESS REPORT

I do hereby certify to the best of my knowledge that the above candidate is physically fit for and intensive Program of study.

.....  
Doctor's Name

.....  
Doctor's Signature and Reg. No.

Address: .....

Date: .....



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## PASTOR'S REFERENCE FORM

### To be filled in by applicant

Name : .....

Address : .....

.....

Date: .....

Signature of Applicant

### To be filled out by Pastor

Dear Pastor,

The above named person is applying to Antioch Biblical Seminary & College (ABSC) as a student. We are convinced that the Holy Spirit sends forth Ambassadors for Christ through the church (Acts 13:3,4). In light of this, an entrance requirement for our ministry training is that applicant should come with the approval of a Church. Please fill this form and return it directly to the aforementioned address. **Kindly do not return it to the applicant to send it back.** The information you give us will be kept confidential.

1. How long have you known the applicant? .....

2. How long has the applicant been a member of your church? .....

3. What have been the applicant's involvements in the ministry of the church?.....

.....

4. How do you evaluate the applicant's Christian commitment, character, and relationships in light of your understanding of what is required for effective ministry?

.....

.....

5. Does the applicant demonstrate a clear call to a particular area of ministry? In what ways have these been observed?

.....

.....

6. What spiritual gifts and special abilities does this applicant demonstrate?

.....

7. How do you evaluate the applicant's commitment to the full time ministerial vocation?

.....

8. Has this person been commissioned, ordained, or set apart for ministry by your church?

Yes

No

Comments: .....

.....

9. To what extent does your church financially and morally support the applicant's training?

.....

10. Choose the best:

Recommend

Partially recommend

Strongly recommend

Do not recommend

Any additional comments you might like to make about the applicant :

.....

.....

.....

.....

**Your Name :** .....

**Your Address :** .....

**Ph:**..... **E-mail:**.....

**Name of Church :** ..... **Denomination :** .....

**Date :** .....

**Signature**

Thank you for taking the time to answer these questions.

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## FINANCIAL GUARANTEE CERTIFICATE

M.Div.

B.Th.

Dip.Th.

1. Name of the Candidate : .....

2. Postal Address : .....  
.....  
.....

3. Name of the Sponsor : .....  
Address : .....  
.....  
.....

(Your Sponsor may be the Parent or Guardian or Church or any Christian Organization)

I/we \_\_\_\_\_ hereby give my/our consent to sponsor the studies of \_\_\_\_\_ (name of student) by paying the total fee of Rupees. \_\_\_\_\_ (in words) (Rs. \_\_\_\_\_) per Month/Semester / Year to ABSC for a period of \_\_\_\_\_Month/Semester / Year(s)

(Seal)

Date:.....

.....  
Authorized Signatory/Parent





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## GENERAL REFERENCE FORM

Dear Believer in Christ,

The above named Applicant has to be enrolled as a student of Antioch Biblical Seminary & College. We are convinced that the Holy Spirit sends forth His ambassadors for Christ through the church (Acts 13:3, 4). In light of this, an entrance requirement for our ministry training is that applicant should come with the approval of the church. Please fill this form and return it directly to the address given. **Kindly do not return it to the applicant to send it back.** The information you give us will be kept confidential.

1. How long have you known the applicant?.....

2. How long has the applicant been a member of your church?.....

3. What have been the applicant's involvements in the ministry of the church?.....

.....  
.....  
.....  
.....

4. How do you evaluate the applicant's Christian commitments, character, and relationships in light of your understanding of what is required for effective ministry?

.....  
.....  
.....

5. Does the applicant demonstrate a clear call to a particular area of ministry? In what ways have these been observed? Explain.

.....  
.....  
.....

6. What spiritual gifts and special abilities does this applicant demonstrate?

.....  
.....  
.....  
.....

7. How do you evaluate the applicant's commitment to the full time ministerial vocation?

.....  
.....  
.....

8. Has this person been commissioned, ordained or set apart for ministry by your church?

Yes  No  Comments : .....

.....

9. To what extent does your church financially and morally support the applicant's training .....

.....

10. How would like to be place your choice for the Applicant?

- a. Recommend  b. Partially recommend
- c. Strongly recommend  d. Do not recommend

**Your Name:**.....

**Your Address:**.....  
.....  
.....

Ph:..... E-mail:.....

**Name of the Church:**..... **Denomination:**.....

**Date:**..... **Signature:**.....

Thank you for taking the time to answer these questions.



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## PLEDGE FORM

From

.....  
.....  
.....

To

**The Principal  
Antioch Biblical Seminary & College  
Puducherry-14**

**Respected Sir,**

I am the Parent/Guardian of Mr/Miss. \_\_\_\_\_ who is applying for Dip.Th./B.Th./M.Div. Programme in your institution for which I have given my full consent. Also, I am responsible to pay all his/her fee requirements during his/her learning process at ABSC.

Based on his/her commitment and call I give my full support to study God's Word in your College and I know that the College will assign him/her to work for God either in the local churches of Pondicherry or outside the Union Territory during Weekends/Summer as part of his/her academic exercise. Although prior ensured protective measures taken by the institution, in case of any untoward incident happens, I am fully aware that ABSC will not be held accountable.

I am also fully aware that he/she has to abide by the rules and regulations of the College. And I will by no means disturb his/her studies till the completion of the tenure of his/her studies at ABSC.

Thanking you,

Yours Sincerely,

[Parent/Guardian's Signature or Thumb impression]

Sending Institution: .....

Seal