



APOLLOS BIBLE UNIVERSITY
(An Educational Wing of CEFI DIOCESE)



Accredited by IAO

No. 5/315, South Avenue Road, Phase 2, Sathuvachari, Vellore, Tamilnadu – 632 009.

www.abuniversity.in E-mail : apollosbibleuniversity@gmail.com.

Contact no: 0416 2255560, +91 9786822379, +91 95851 58014.

Application Form for following courses

(Tick the Relevant Box)

B.Th

M.Div

PERSONAL INFORMATION

1. Name of the Candidate :

2. Residential Address :

:

Permanent Address:

:

:

Temporary Address:

:

3. City :

4. State :

5. Postal Code :

6. Country :

7. Mobile Number :

8. Email id :

9. Date of birth :

10. Personal Id No :

11. Home cell no :

12. Parent's Email :

13. Gender : Male Female

14. Marital Status : Single Married Divorced

15. Occupation :

16. Mother Tongue :

17. Your Guardian's Address :

.....

18. Father's Name :Age Occupation.....

Please Fix your
Recent Passport
Size Photo here

19. Mother's Name
 Age.....Occupation.....
20. Spouse's Name Date of Marriage
21. Number of Children.....
22. Names of Children (1) Male Female,
 Date of Birth: Age
- (2)..... Male Female,
 Date of Birth:..... Age
- (3) Male Female,
 Date of Birth: Age
23. Siblings: Name
1. Age Occupation
2. Age Occupation
3. Age Occupation
4. Age Occupation
5. Age Occupation
24. Do you have any chronic disease like HIV, Hepatitis B, or any other communicable disease?
25. Are you dependent on any drug?
26. Do you have any physical ailment that needs a particular care and attention like Epilepsy?
27. In case of any emergency whom to Contact?
 Provide the Address and Phone number:.....

ACADEMIC DETAILS OF THE APPLICANT

| Degree | Seminary/College Board/University | Location (City & State) | Period of Study | Percentage Obtained |
|---------------|--|------------------------------------|------------------------|----------------------------|
| S.S.C | | | | |
| H.S.C | | | | |
| U.G | | | | |
| P.G | | | | |
| THEOLOGICAL | | | | |

Proficiency in other Languages

| Languages | Understand | Speak | Read | Write |
|------------------|-------------------|--------------|-------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

THE FOLLOWING MUST BE RECEIVED FOR YOUR APPLICATION TO BE

PROCESSED:

- 28. How did you come to know about Agape Bible Seminary?
- 29. Why did you choose ABS for your theological studies?
- 30. What do you expect from ABS?
- 31. Who will support you for your studies? Give the contact address and mobile number
- 32. Are you willing to work along with CEFI Diocese after the completion of your studies?
- 33. Professional / Ministry Experience if any:

Please write your work and professional experiences first, followed by any ministry experiences you have had.

Use a separate sheet if needed.

- a) Professional
-
- b) Ministry
-

34. Date you were Born Again: Date you were Baptized in Water:

35. Your Home Church : Date You Joined:
 City State District

36. What is your involvement in your local church?
- (a)
 - (b)
 - (c)
 - (d)
 - (e)

1. Duly Filled Application Form
2. 4 Passport Size Photos
3. Family Photo
4. Personal Testimony in an additional Paper
5. Your future Vision
6. Reference letter from your Leader/pastor Local Church)/reverend(CEFI)/Bishop(CEFI)
7. Xerox Copies of Educational/Theological Certificates
8. Xerox copy of Personal id proof
9. Application fee – 100rs
10. Re-fundable amount
11. Provide a medical certificate

DECLARATION OF THE APPLICANT

Ideclare that I will follow and abide in all rules and regulations of APOLLOS BIBLE UNIVERSITY. And I ensure that all the particulars furnished above are true to the best of my Knowledge. And I will be faithful and co operative to the University to the best of my ability.

Student's Signature

For Office Use only

Date of Receiving the application:

| | | | |
|---------------------------|---|------------------------------|-----------------------------|
| Application accepted | : | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| Reference letter received | : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Application fee received | : | <input type="checkbox"/> yes | <input type="checkbox"/> No |

Pastoral Reference Form

Applicant is to complete the top section of this form and give to his or her Pastor Applicant

1. Name
2. Permanent Address
- City.....
- State

Dear Pastor,

The above-mentioned individual is applying for admission in ABS; we would be grateful if you would complete this Pastoral Reference Form and return it to the above address.

Thank you.

3. Pastor's Name
4. Your PositionPhone.....
5. Church Affiliation.....
6. Church Address
- City
- State.....
- E-mail FAX
7. How long have you known the applicant and in what capacity?
.....
.....
.....
8. How well do you know the applicant?
Just by name and sight.
Casually, have had a few personal contacts.
Fairly well, have had a number of personal contacts.
Have had a very close pastoral relationship.
9. Is the applicant a member of your church?
Yes / No

10. is the applicant related to you?

Yes No

11. Is the applicant a born again believer?

Yes

No

I am not sure.

12. Has the applicant been baptized in water?

Yes

No

I am not sure.

13. Do you believe the applicant has a call to the ministry?

Yes

No

I am not sure.

14. How would you describe the applicant's involvement in the church?

Is very irregular in attendance and shows little interest in involvement.

Attends regularly, but seldom participates in activities.

Attends regularly and is cooperative and willing to help.

Attends regularly and enthusiastically engages in activities and ministry.

15. How is the applicant involved in your church?

16. What is your recommendation for admission of the applicant to ABS

I recommend him/her with enthusiasm.

I recommend him/her with confidence.

I recommend him/her with some reservation.

I cannot conscientiously recommend him/her.

Please explain

.....

.....
.....

17. Additional Comments

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

Signature

Date

Medical Reference Form

Full Name: Mr. /Mrs. /Miss..... Son of/daughter of
..... residing at

CityDistrict

State

Pin Code Date of Birth

Age:

I have examined and found the applicant to be free of communicable diseases.

I have examined and found the applicant to have communicable disease (s) as noted below.

Comments:

Physician' Name Date

Address

.....

.....

.....City

State

Signature.....

Please place official seal or Stamp