



BAPTIST GRADUATE SCHOOL OF THEOLOGY AND MISSION

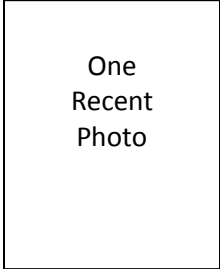
Accredited to International Council of Theological Accreditation
 Nahorjan – Block- II Kania Tokbi, Karbi Anglong, Asam, 782480
www.baptistgstm.org email: baptistgstm@gmail.com

APPLICATION FORM - A

Course of Study: Master of Divinity/Master of Theology
 Christian Apologetic/Christian Counseling/Pastoral Theology

Academic Year _____

Date of Submission _____



Please type/fill the form in Block letters

A. Personal Particulars:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Nationality & Tribe:		
Passport Number:	Aadhaar/PAN/SS.No.:		
Father's name:	Occupation:		
Mother's name:	Occupation:		
Permanent Address:			
State:	Pin code:	Country:	
Gender: <input type="radio"/> Male <input type="radio"/> Female Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced			
Present Mailing Address:			
State:	Pin code:	Country:	Phone No:
Email ID:	Kakao Talk/Telegram:		
Spouse's Name:	Number of Children:		
Name of your Local Church:		Denomination:	
Are you Ordained?	Yes/No	Date of Ordination:	Place:

Name of Your Local Church Pastor:

Local Church Address:

B. Educational Background:

Name of the College attended

Course

Year of graduation

- 1.
- 2.
- 3.
- 4.

Title of Thesis in your BD/M.Div. course:

Name of your Mentor:

No. of Pages:

Grade:

Have you ever published article(s), book (s) either in English or any other regional language?
Yes/No.

If yes, give the title and the year of publication and publisher.

- 1.
- 2.
- 3.
- 4.

How many languages or regional dialects can you read, write and speak?

- 1.
- 2.
- 3.
- 4.

Give any other relevant information regarding your academic specialization/ performance:

- 1.
- 2.
- 3.

C. Ministerial and Leadership abilities/Experiences:

Write in brief your ministerial experience and leadership abilities.

Describe the philosophy of your involvement in the ministry?

Your Present Occupation:

Number of years in the ministry:

D.Names and addresses of three person who can provide confidential information about you.

These persons shall be:

- 1) Pastor/Principal /President /Head of the Institution under whom you are presently serving.
- 2) One Professor under whom you studied your B.D./M.Div./M.Th.
- 3) One Evangelist/Missionary/Deacon of your Local Church.

Name: Address:	Designation:
Email ID:	Phone:
Name: Address:	Designation:
Email ID:	Phone:
Name: Address:	Designation:
Email ID:	Phone:

E. Finance:

Who will support your studies at BGSTM?

Please state the sponsor for your studies:

SELF/FAMILY/PARENTS:

GUARDIAN :

ASSOCIATION/ORGANISATION:

CHURCH :

OTHERS :

(Financial guarantee letter by the sponsor to be duly filled and enclosed)

Declaration

I, _____, hereby declare that all the information provided by me is true to the best of my knowledge.

Date: _____

Type your name: _____ Signature of the applicant: _____



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(FORM –B)

MEDICAL FITNESS CERTIFICATE

Please fill the form in BLOCK LETTERS with blue or black pen

NAME: _____

BLOODGROUP: _____ EYESIGHTRIGHT/LEFT: _____

MEDICAL HISTORY: _____

KNOWN DISEASE: _____

KNOWN MEDICAL ALLERGIES: _____

KNOWN PREVIOUS SURGERY: _____

GENERAL REMARKS: _____

I, Dr. _____ hereby certify that I have examined

Mr./Ms. _____ and cannot discover that he/she has any disease (communicable or otherwise), constitutional weakness or physical infirmities except _____.

I consider him/her physically and mentally Fit/ Unfit for studies as a residential student. His/ her age according to her statement is _____ and by appearance about _____ years.

DATE AND PLACE:

PHYSICIAN'S SIGNATURE:

SEAL



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(FORM –C)

FINANCIAL GUARANTEE FORM

Please fill the form in BLOCK LETTERS with blue or black pen

NAME OF THE STUDENT: _____

COURSE OF STUDY: _____ DURATION: _____

This is to confirm that I, Mr. Will financially sponsor/support the above named student for the full traveling expenses and course of study at Baptist Graduate School of Theology and Mission, Nahorjan, KA, Assam.

NAME: _____

POSITION/DESIGNATION/RELATION WITH THE STUDENT:

FOR/ON BEHALF OF (with seal of the organization/institution)

DATE & PLACE:

SIGNATURE:

SEAL



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(FORM –D)

PERSONAL REFERENCE FORM

STUDENT’S NAME: _____

COURSE APPLIED FOR: Master of Divinity/Master of Theology (CA/CC/PT).

The Seminary will appreciate your help in completing this reference form on behalf of the person named above who has applied for Admission. Please remember that the interests of the applicant and the Seminary are best served by your honest appraisal of his/her qualifications. Do not hesitate to be frank. This information will be held in strict confidence.

1. How long and under what circumstances have you known the applicant?

2. Are you familiar with the Baptist Graduate School of Theology and Mission, its purpose and its educational programs?

3. Do you feel this applicant should undertake the above theological studies? Comment:

4. How would you rate the applicant’s proficiency in English? (Tick the appropriate spaces.)

	Excellent	Good	Fair	Poor
Listening
Speaking
Reading
Writing

5. Please Indicate your judgment of the applicant by ticking the appropriate spaces below: (Tick the appropriate spaces.)

	Excellent	Good	Average	Below Average
a) Academic ability
Comments:				
b) Social awareness and concern/
Comments:				
c) Leadership ability
Comments:				
d) Openness to new ideas/
Comments:				

- e) Emotional maturity
 Comments:
- f) Willingness to work
 hard/ Comments
- g) Ability to adjust new
 situation/ Comments:
- h) Ability to get along
 with other people/ Comments:
- i) Sense of Christian
 Commitment/ Comments:

6. Recognizing that everyone has problems and limitations, are you aware of any problems or limitations that the applicant has which might hinder his/her future usefulness, or with which the Seminary may help him/her? (If any, comment, please.)

7. What is your estimate of the applicant's financial background? (√ Tick One).

- Fully able to support himself/herself from personal and family resource
- Would need partial support from other sources
- Would need full support from other sources

8. In the light of what you know about the applicant, how would you rate his/her personal qualifications for admission to this Seminary? (√ Tick One).

- Not Endorsed Endorsed With Hesitance Endorsed Without Reservation

9. Do you recommend this applicant to pursue his/her Theological studies at BGSTM?

- Strongly Recommended Recommended Not Recommended

Name: Signature:

Address:

Date:

Relationship to Applicant:

Please return this confidential report directly to:

The Registrar, Baptist Graduate School of Theology and Mission

Nahorjan – Block- II Kania Tokbi, Karbi Anglong, Asam, 782480

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