

## APPLICATION FORM FOR ADMISSION

Name of the Course: Doctor of Ministry in Leadership/Ph.D. Biblical Studies

Name of the Project: Lid Lifter Name of Applicant: Postal address : \_\_\_\_\_ Mother's Name: Father's Name: Whether working/student \_\_\_\_\_ Name of Employer: \_\_\_\_\_\_\_Designation \_\_\_\_\_ Email ID Cell Phone Permanent Address: Levels of Education: (tick whichever necessary) (1) Graduate: B.A./B.Com./B.Sc.(\_\_); B.Th.(\_\_\_) (2) Post Graduate: M.A. (\_\_); M.Div. (\_\_); M. Th. (\_\_) **Documents:** Xerox Copies of all the degrees mentioned above. Name: \_\_\_\_\_\_ Date \_\_\_\_\_

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Signature of the Receiving Authority