



TAMIL NADU BIBLE SEMINARY

Zionpuram, Rayapalayam PO, Thirumangalam, Madurai – 625 706

Phone: +91 98400 91423 | Email: info@ipctn.in | Web: www.ipctn.in

APPLICATION FOR ADMISSION

ACADEMIC YEAR: 20 _____ — 20 _____

INSTRUCTIONS FOR APPLICANTS

- Please read the Prospectus thoroughly before completing this application.
- Fill out the form in **BLOCK LETTERS** using a blue or black ballpoint pen.
- A non-refundable application fee of **Rs. 500/-** must be paid via the bank details below.

BANK ACCOUNT INFORMATION

BANK NAME

Punjab National Bank

ACCOUNT NUMBER

4383000130549451

BRANCH

Madurai

ACCOUNT NAME

The India Pentecostal Church of God

IFSC CODE

PUNB0438300

SWIFT CODE

PUNBINBBMAU

ENCLOSURES REQUIRED

- One recent passport-size color photograph (affixed to page 2).
- Self-attested copy of Aadhaar Card or Government Photo ID.
- Attested copies of all Academic Certificates (SSLC, HSC, Degrees).
- Personal Testimony (One page describing your conversion and call).
- Mentor Information Form (required for M.Div. applicants).
- Three Reference Forms - Page 6 (Print 3 copies, to be sent directly to TBS by referees).

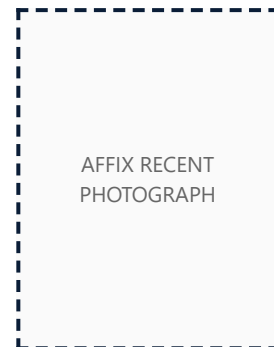
IMPORTANT NOTICE: Duly completed applications must be submitted to the **Director of Admissions**. Incomplete applications or those without the required enclosures will not be processed. Original certificates should not be sent with this form.



TAMIL NADU BIBLE SEMINARY

ACADEMIC YEAR: 20____ — 20____

APPLICATION NO: _____ (Office Use)



AFFIX RECENT PHOTOGRAPH

I. PERSONAL INFORMATION

FULL NAME (IN BLOCK LETTERS):

Grid of boxes for entering full name in block letters

FATHER'S NAME: _____ CONTACT: _____

MOTHER'S NAME: _____ CONTACT: _____

GUARDIAN'S NAME: _____ CONTACT: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: M F

MARITAL STATUS: Single Married MOTHER TONGUE: _____

AADHAAR NO: _____ NATIONALITY: _____

MOBILE NUMBER: _____ WHATSAPP: _____

EMAIL ADDRESS: _____ BLOOD GRP: _____

HEALTH & MEDICAL RECORD

CHRONIC DISEASE / DISABILITY? Yes No SPEC: _____

ALLERGIES (FOOD/MEDICINE)? Yes No SPEC: _____

II. PROGRAMME SELECTION

<input type="checkbox"/> C.Th. (Cert. in Theology) Entry: 10th Pass	<input type="checkbox"/> B.Th. (Bachelor of Theology) Entry: 12th Pass
<input type="checkbox"/> M.Div. (Master of Divinity) Entry: Any Secular Degree (B.A/B.Sc/B.Com etc.)	

OFFICE USE ONLY

Date Received: _____

Verification Checklist:

- Transfer Certificate
- 10th/12th Marksheet
- Degree Cert.
- ID / Aadhaar Proof
- Pastor Recommendation

Status / Remarks: _____

Admission Officer Signature



TAMIL NADU BIBLE SEMINARY

ACADEMIC YEAR: 20 _____ — 20 _____

III. ACADEMIC BACKGROUND

(Please list all educational institutions attended starting from SSLC/10th Std)

EXAMINATION PASSED	NAME OF INSTITUTION & BOARD/UNIVERSITY	YEAR OF PASSING	GRADE / %
SSLC / 10th			
HSC / 12th			
Graduation (Degree)			
Theological Degree			
Other / Technical			

IV. CHRISTIAN EXPERIENCE & CHURCH MEMBERSHIP

DATE OF WATER BAPTISM: _____

ARE YOU BAPTIZED IN THE HOLY SPIRIT? Yes No

PRESENT CHURCH DENOMINATION: _____

NAME OF LOCAL CHURCH: _____

NAME OF YOUR PASTOR: _____

PASTOR'S CONTACT NUMBER: _____

HOW LONG HAVE YOU BEEN A MEMBER? _____

YOUR CURRENT AREA OF MINISTRY: _____



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ACADEMIC YEAR: 20 _____ — 20 _____

VII. DECLARATION AND PLEDGE

I, _____, hereby declare that the information provided in this application is true and correct to the best of my knowledge. If admitted to **Tamil Nadu Bible Seminary**, I solemnly pledge that:

- I will submit myself to the authority of the Seminary and abide by all the rules and regulations mentioned in the Prospectus.
- I will maintain a high standard of Christian conduct and character both inside and outside the campus.
- I will be diligent in my studies and participate actively in all spiritual and practical ministry activities.
- I understand that the Seminary reserves the right to terminate my studentship if my conduct or academic progress is found unsatisfactory.

FOR OFFICE USE ONLY

Date Received: _____

Application Fee: Paid / Pending

Admission Status: Approved / Rejected

DATE

SIGNATURE OF APPLICANT



TAMIL NADU BIBLE SEMINARY

ACADEMIC YEAR: 20 _____ — 20 _____

VIII. REFERENCE FORM

Referees: Please complete this form and send it directly to info@ipctn.in or mail to the Seminary address. Do not return this to the applicant.

NAME OF APPLICANT: _____

NAME OF REFEREE: _____

POSITION/TITLE: _____

Applicant Evaluation:

Characteristics	Excellent	Good	Average	Poor
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DO YOU RECOMMEND THIS APPLICANT? Yes No

REFEREE'S SIGNATURE: _____ DATE: _____



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POSITION/TITLE: _____

Applicant Evaluation:

Characteristics	Excellent	Good	Average	Poor
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DO YOU RECOMMEND THIS APPLICANT? Yes No

REFEREE'S SIGNATURE: _____ DATE: _____



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POSITION/TITLE: _____

Applicant Evaluation:

Characteristics	Excellent	Good	Average	Poor
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Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DO YOU RECOMMEND THIS APPLICANT? Yes No

REFEREE'S SIGNATURE: _____ DATE: _____



TAMIL NADU BIBLE SEMINARY

ACADEMIC YEAR: 20 _____ — 20 _____

IX. MENTOR INFORMATION FORM

Notice for M.Div. Applicants: This form must be completed by a qualified Mentor (Pastor or Senior Minister) who agrees to supervise your practical ministry during your course of study.

NAME OF STUDENT: _____

MENTOR DETAILS

FULL NAME OF MENTOR: _____

QUALIFICATION: _____ EXPERIENCE: _____

PRESENT DESIGNATION: _____

OFFICE ADDRESS: _____

MOBILE NUMBER: _____ EMAIL: _____

Area of Ministry Specialization:

Pastoral Care Evangelism Youth Ministry Teaching Missions

I hereby declare my willingness to serve as a Mentor for the above-mentioned student. I commit to providing spiritual guidance and evaluating their practical ministry assignments as required by **Tamil Nadu Bible Seminary**.

DATE

SIGNATURE OF MENTOR & SEAL



TAMIL NADU BIBLE SEMINARY

ACADEMIC YEAR: 20 _____ — 20 _____

X. PASTOR'S REFERENCE FORM

To the Pastor/Church Leader: The applicant named below is seeking admission to TBS. Your honest evaluation of the candidate's character and spiritual maturity is vital. Please complete this form and return it in a sealed envelope or email directly to **info@ipctn.in**.

NAME OF APPLICANT: _____

NAME OF PASTOR: _____

Spiritual & Personal Traits	Outstanding	Satisfactory	Average	Below Average
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality & Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Does the applicant have a clear call for Christian Ministry?

2. Are there any personal habits or character issues we should be aware of?

3. Overall Recommendation:

Highly Recommend Recommend with Reservation Not Recommended

DATE

PASTOR'S SIGNATURE & CHURCH SEAL



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XI. APPLICATION CHECKLIST

Please verify that all the following documents are enclosed:

- Duly filled and signed application form
- Application Fee payment receipt of Rs. 500/-.
- Recent passport size colour photograph affixed on Page 2.
- Self-attested copies of 10th (SSLC) and 12th (HSC) Marksheets.
- UG / Secular Degree Certificates & Consolidated Marksheets.**
*** MANDATORY FOR M.DIV. APPLICANTS.**
- Self-attested copy of Aadhaar Card or Government Photo ID.
- Personal Testimony (Conversion & Call to Ministry) on Page 4.
- Mentor Information Form (Page 7).

XII. SUBMISSION DETAILS

SEND COMPLETED APPLICATION TO:

The Director of Admissions
Tamil Nadu Bible Seminary (TBS)
Zionpuram, Rayapalayam PO,
Thirumangalam, Madurai – 625 706
Tamil Nadu, India.

Email: info@ipctn.in | Phone: +91 94004 68264 | +91 94431 02451



TAMIL NADU BIBLE SEMINARY

FINAL ENROLLMENT RECORD

OFFICE USE ONLY

STUDENT IDENTIFICATION

STUDENT ID NO: _____

DATE OF JOINING: _____ BATCH: _____

ADMISSION COMMITTEE CLEARANCE

Approved Provisionally Approved Deferred

Course Assigned: _____

ACCOUNTING & FEES

Admission Fee: Paid Pending Receipt No: _____

REMARKS / SPECIAL INSTRUCTIONS

OFFICIAL
SEMINARY SEAL

DIRECTOR OF ADMISSIONS

Tamil Nadu Bible Seminary