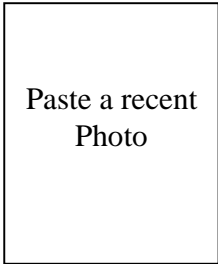




DISCIPLESHIP BIBLE COLLEGE
M.DIV. CORRESPONDENCE COURSE
Regd. No. RS/470 of 1982-1983

Mt. Miracles, Signal Angami Village, Post Box-36, Dimapur - 797 112, Nagaland, India
 Tel. 91-03862- 244200 (0) Email – discipleshipbiblecollege@gmail.com

APPLICATION FORM



Sl. No.

Tick the specific column for Admission in M.Div Program:

- (Graduate in any field) []
 (B.Th with 60% and above) []
 (B.Th with 59% and below) []
 (B.Th from non-ATA Affiliated College)[]

Personal Information

1. Name (in block letters):
2. Date of Birth:.....
3. Father's Name: Mobile/Phone.....
4. Community:.....
5. Church Membership:.....
6. Nationality:.....
7. Present Address:.....
8. Permanent Address:
9. Guardian's Name & Address in Dimapur with Phone No:

B. Academic Information

1. Your previous institutions and educational qualifications:

Sl. No.	Name of the School/College	Educational qualification	Year of passing	Medium of instruction	Division
1		Class X			
2		Class XII/ Diploma			
3		B.A., B.Sc., B.Com.,			
4		B.Th.			

C. Ministry/ Job Description:

1. When did you receive Jesus Christ as your personal Saviour?

2. Indicate the Ministry or Job you are involved in:

.....

3. Specify the activities you are involved in your Ministry or Job:

(i)

(ii)

(iii)

(iv)

(v)

4. Declaration of Pledge:

I, hereby declare that all the information given above is true and correct to the best of my knowledge. I promise to pursue at all times the studies as required by the college curriculum, promptly meet all the financial needs and carefully abide by the rules and regulations of the college and its faculty and co-operate, with the help of God the Father, the Son and the Holy Spirit in all Christian moral life and maintain the best of academic performance and submit to the decisions regarding me by the college authority, while a student of the DBC.

Date & Signature of the Applicant



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PASTOR'S RECOMMENDATION FORM

I do hereby certify that Mr/Ms/Mrs _____

son/daughter/wife of _____ is

a baptized member of _____ (Church)

Date:

Name _____

Signature _____

Address _____



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EMPLOYER RECOMMENDATION FORM

I do hereby certify that Mr/Ms/Mrs _____

is a employee of our _____

as a/an _____ and have no objection on

candidates pursuing his/her correspondence course at your institute.

Date:

Name _____

Signature _____

Address _____



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DECLARATION OF SPONSOR (S)

Name of the Sponsor (s) _____

I/We agree to be responsible for the applicant _____

and will pay all necessary and legitimate expenses for his/her studies and to reimburse the college for any expenditure incurred on his/her behalf.

Date:

Name _____

Signature _____

Address _____

