

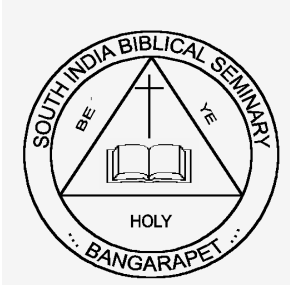
# ಇಠುಠೆ ಢ್ನಿಠೆ ಬಿಬಲಿಕೆಠೆ ಇಢಲಿಢಠು

Post Box 20, Anandagiri, Bangarapet, Kolar Dist.  
Karnataka, 563 114, India  
Phone: 7899242166

Email: [sibsadmissions@gmail.com](mailto:sibsadmissions@gmail.com)

## Application for Admission Regular Programs

Bachelor of Divinity (BD) / Master of Divinity (M.Div.)



Affix a Photo

A non refundable Rs. 500/- application processing fee must accompany this application.  
Please make your Cheque / DD/ MO payable **South India Biblical Seminary**, Bangarapet.

Candidate for:  Bachelor of Divinity (BD) /  M. Div.

### Personal Information:

Applicants Name (in CAPITAL): \_\_\_\_\_  
First Middle Last (family)

Date of Birth: \_\_\_\_\_  
Day Month Year

Place of Birth: \_\_\_\_\_ Gender:  Male  Female Mother Tongue: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ; Mother's Name: \_\_\_\_\_

Mailing Address (in CAPITAL):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address (in CAPITAL): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile \_\_\_\_\_

Marital Status:  Single  Married  Others

If Married: Spouse's Name: \_\_\_\_\_

Children: (give age and names)  
\_\_\_\_\_  
\_\_\_\_\_

If you are admitted to SIBS, do you expect your spouse and children to accompany you to the seminary:  Yes  No

How did you hear about SIBS?

Friend/ Family  Pastor  Web site  SIBS Faculty  SIBS Graduate  Other

**Academic Record:** List all Schools/ Colleges/ Seminaries attended.

Schools/ Colleges/ Seminaries	Years Attended	Language of Instruction	Degree and Year Received

**Ministerial Experience (if any):**

Ministry Positions	Dates (Years)

**Church Affiliation:** \_\_\_\_\_

Are you ordained?  Yes                       No    (if yes) Date of ordination \_\_\_\_\_

**Recommenders:** List the names and address of those writing letters of recommendation in support of your application. Church references may include your pastor/ pastorate committee. Academic references may include faculty or academic dean of previous seminary if applying for the BD/M.Div. and a character reference may include a former employer or a family friend. *Family members, spouse or fellow students are unacceptable as references.*

Name of Reference	Type of Reference
_____	_____
_____	_____
_____	_____

**Financial Statement:**

Name and address of the person or a sponsoring body responsible for your expenses during your studies at SIBS.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please fill and attach the financial guarantee letter with the seal and signature along with application.*

**Personal Letter (in English only):**

Write a personal testimony, the call and commitment for the ministry.

**Declaration:**

I, \_\_\_\_\_ (name), declare that all the information given above is true and correct. I understand that any information, which, I have furnished above, if proved to be false or incorrect, will automatically disqualify me to be admitted to, or to continue in South India Biblical Seminary, Bangarapet.

1. I shall maintain high academic standard and a spirit of unity and love.
2. I shall abide by SIBS rules and regulations.
3. I shall submit to the right of the SIBS administration to take any appropriate action, if, in their judgment, my behavior, character or doctrine is contrary to the spirit and emphasis of SIBS.
4. I understand that SIBS sets high academic standards, and I shall accept and abide by the decisions of the SIBS Academic Counsel including the possible termination of my study in SIBS if after written warning, I do not measure up to SIBS standards.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Applicant

**List of all the necessary documents candidate needs to produce with this application**

1. Photos (Passport size) 3 copies
2. Certificates of the previous college/ or studies (Xerox)
3. Recommendation of the church leader.
4. Academic recommendation letters.
5. Medical certificate.
6. Pastor's recommendation.
7. Financial sponsor's recommendation.
8. Personal testimony (hand written).
9. Baptism certificate.
10. Marriage certificate (if).
11. Conduct certificate (pastor/ previous working/ studying place).

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## MEDICAL FORM FOR APPLICANT

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Date of birth \_\_\_\_\_ Blood Group \_\_\_\_\_  
General: ENT \_\_\_\_\_ Eyes \_\_\_\_\_  
Skin \_\_\_\_\_ Skeletal \_\_\_\_\_  
CVS \_\_\_\_\_ R. S. \_\_\_\_\_  
Abdomen \_\_\_\_\_ CNS \_\_\_\_\_

### Family History:

Blood dyscrasias \_\_\_\_\_ Diabetes \_\_\_\_\_  
Hypertension \_\_\_\_\_ Asthma \_\_\_\_\_

### Fast:

Jaundice \_\_\_\_\_ Operations \_\_\_\_\_  
Fits \_\_\_\_\_ Long term treatment \_\_\_\_\_  
Allergy to any drugs \_\_\_\_\_  
Intolerance or Allergy to any food \_\_\_\_\_

### Laboratory Reports:

Hemoglobin \_\_\_\_\_ Serology \_\_\_\_\_  
Urine \_\_\_\_\_ Stool \_\_\_\_\_  
Chest X-ray Screen \_\_\_\_\_

Immunization (give dates) Must be taken prior to admission.

Typhoid \_\_\_\_\_ Tetanus \_\_\_\_\_ Cholera \_\_\_\_\_

COVID-19 Vaccination (2 doses) \_\_\_\_\_

Any previous treatment & recommendation: \_\_\_\_\_

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A candidate who does not disclose previous treatments may be discontinued.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Doctor)

Seal: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# South India Biblical Seminary

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## SPONSORSHIP FORM

THIS IS TO CERTIFY that Mr. / Ms. \_\_\_\_\_

from \_\_\_\_\_  
(Address)

a member of \_\_\_\_\_ has been sponsored by \_\_\_\_\_  
(Church)

\_\_\_\_\_ for

studies at South India Biblical Seminary, Bangarapet.

By Sponsoring we mean:

(Please indicate one of the following statements by ticking the appropriate one)

\_\_\_\_\_ 1. We will support the candidate financially during his/her studies (Fully / Partially)

\_\_\_\_\_ 2. We recommend the candidate for studies at SIBS but are unable to support him/her financially during his/her studies at SIBS

\_\_\_\_\_ 3. We recommend the candidate as an officially sponsored Student from a partner body Member of SIBS (Church of the Nazarene)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_