



Application form no:

GGM's

INDIAN THEOLOGICAL SEMINARY

No.3, Bible College Road, GGM Square, Ashok Nagar, Avadi, Chennai-62

Phone: 044-26384823, 044-26381213. Email: indiantheologicalseminary@gmail.com, ggmits@yahoo.co.in

Website: itseminary.com, www.gilgalgospel.org

Preaching Christ and Planting Churches

APPLICATION FORM

Passport size
Photo

PERSONAL DETAILS

1. NAME OF THE APPLICANT: _____

2. ADMISSION SOUGHT FOR:

- B.TH - BACHELOR OF THEOLOGY (3 yrs. for 10th +2 pass)
- B.D - BACHELOR OF DIVINITY (4 yrs. for UG graduates & above)
- B.D - BACHELOR OF DIVINITY (5 yrs. for 12th pass)
- B.C.S - BACHELOR OF CHRISTIAN STUDIES (4 yrs. extension program for UG graduates and above)
- Dip. C.S – DIPLOMA IN CHRISTIAN STUDIES (2 yrs. 10th +2 pass)
- C.TH - CERTIFICATE OF THEOLOGY (1 yrs. 10th +2 pass)
- C.CM - CERTIFICATE IN CHRISTIAN MINISTRY

3. DATE OF BIRTH: _____ AGE: _____ SEX: MALE / FEMALE

4. PLACE OF BIRTH: _____

5. NATIONALITY: _____

6. MOTHER TONGUE: _____

7. OTHER LANGUAGES KNOWN: _____

8. FATHER'S NAME: _____

9. MOTHER'S NAME: _____

10. MARITAL STATUS: _____

11. SPOUSE'S NAME (IF MARRIED): _____

12. NO. OF CHILDREN: _____

13. PERMANENT ADDRESS: _____

TOWN: _____ DISTRICT _____

STATE _____ PIN CODE _____ COUNTRY _____

PHONE: _____ E-MAIL _____

ACADEMIC DETAILS

A: SCHOOL: (ATTACH PHOTOCOPIES OF RELEVANT CERTIFICATES)

S. NO	STANDARD	NAME OF SCHOOL	SCHOOL BOARD	MARKS/ PERCENTAGE	YEAR OF COMPLETION

B: DEGREE :(ATTACH PHOTOCOPIES OF RELEVANT DIPLOMAS/DEGREES/MARK SHEETS)

S. NO	COURSE STUDIED	MAJOR DISCIPLINE	NAME OF THE COLLEGE	UNIVERSITY	AVERAGE (%)	YEAR OF COMPLETION

Provide a transfer certificate and a character certificate from the school/college/university last attended.

MINISTERIAL BACKGROUND

1. MINISTERIAL EXPERIENCE: Either voluntary or employed ministry. Attach relevant recommendation letters and/or documents validating your work experience.

POSITION HELD	INSTITUTION/ CHURCH	TYPE OF MINISTRY	PERIOD	
			FROM	TO

2. CHURCH AFFILIATION

NAME OF THE CHURCH / DIOCESE: _____

DATE OF BAPTISM/CONFIRMATION: _____

(Attach your Baptism/Confirmation certificate)

3. RECOMMENDATION

Attach a recommendation letter from your Pastor describing your spiritual formation and involvement in the Church and its activities.

SPONSORSHIP DETAILS

1. INDIVIDUAL/CHURCH/INSTITUTION

NAME OF THE INDIVIDUAL/CHURCH/INSTITUTION: _____

ADDRESS: _____

SPONSORSHIP AMOUNT PER YEAR (IN RUPEES): _____

Provide a sponsorship letter from the Individual/Church/Institution willing to sponsor you with details of the amount to be sponsored as well as mentioning whether you will be sponsored for the entire program.

2. FAMILY/SELF-SPONSOR

INCOME:

S. NO	MEMBERS OF THE FAMILY	INCOME	SPONSORSHIP AMOUNT
1.	FATHER		
2	MOTHER		
3	SPOUSE		
4	OTHER		

TOTAL SPONSORSHIP AMOUNT TO BE EXPECTED FROM FAMILY PER YEAR (IN RUPEES): _____

SCHOLARSHIPS (Fill up the scholarship form if you are wishing to avail scholarships provided by the seminary)

Indicate if you would like to be considered for any of the following available scholarships: () Yes () No

PERSONAL TESTIMONY (submit on separate sheets of paper)

1. Have you accepted Jesus Christ as your personal Savior? If yes, concisely describe the beginning and development of your faith and its impact in your life. (200 words)

2. What is the type of vocational ministry to which you have been called? Describe how you believe GGM's Indian Theological Seminary can help you to accomplish your goals. (200 words)

I hereby claim that all the above information is true to the best of my knowledge. If I am given admission, I promise to participate in and fulfill all course requirements, practical work assignments and to follow all the rules and guidelines of the seminary.

Signature of Applicant

Note:

- Incomplete applications will not be considered.
- Failure to provide all the relevant enclosures will lead to the rejection of the application.
- All original certificates should be submitted at the time of admission.
- Half of the total amount of fees for the first year must be paid at the time of admission. The second installment must be paid at the beginning of the second semester.

Check list for Enclosures:

- Photocopies of Transfer Certificate (2 copies) ()
- Photocopies of School mark sheets (10th & 12th) (2 copies) ()
- Photocopies of Degrees/Diplomas/Certificates (Secular, Theological & Technical) ()
- Photocopies of College/ University mark sheets ()
- Recommendation letter from your Pastor ()
- Photocopy of Character Certificate from the Institution last attended ()
- Ministerial experience recommendation letters ()
- Photocopy of Baptism/Confirmation Certificate ()
- Sponsorship guarantee letter ()
- Four copies of passport size photos ()
- Personal testimonies (2 questions) ()

FOR OFFICE USE ONLY

Date: _____ Comments: _____

Bible knowledge: _____ English: _____ General knowledge: _____

Principal Signature: _____

Seal:

**GILGAL GOSPEL MISSION's
INDIAN THEOLOGICAL SEMINARY**

No. 3, Bible College Road, Ashok Nagar, Avadi, Chennai – 600 062 Ph: 044-2638-1213; 2638-4823

APPLICATION AND UNDERTAKING FOR SCHOLARSHIP

I, Mr/Ms _____, studying in _____ class desire to avail the scholarship for the academic year 20 20 towards my B. Th / B.D. program. **(Kindly tick ANY ONE of the appropriate Scholarship)**

1. **MERIT SCHOLARSHIP:** Students who have secured 70% average grade in the first year are eligible for a 50% tuition scholarship. The scholarship will be awarded for subsequent years if 70% average is maintained.
2. **WORK-STUDY SCHOLARSHIP:** Students who apply for this scholarship will have to do the duties assigned by the Seminary in varying capacities. They will be paid an hourly rate and the amount earned will be deducted directly from the tuition fees.
3. **MISSION SCHOLARSHIP:** Mission scholarship is a full study scholarship offered by Gilgal Gospel Mission. Those students who apply for this scholarship will be bonded to work for Gilgal Gospel Mission for 2-3 years (based on the tuition fee paid) after completion of their studies.

Date:

Signature of the Student:

Undertaking By the Parent/Sponsor

I the Parent/Sponsor of Mr./ Ms. _____ undertake to pay the remaining sum towards the fees of my ward if any one of the above-mentioned scholarships is sanctioned by the authorities. He/ She will adhere to all the norms laid down by the college as part of fulfilling the scholarship requirements.

Name of the Parent/Sponsor

Address:

....., Contact Number

Signature of the Parent/ Sponsor

For Official Use only

A sum of Rs _____ has been sanctioned by the college to Mr./Ms. _____ as part of Scholarship programme for the academic year 20 ___ - 20 ___. The balance amount to be paid by the Parent/Sponsor is Rs _____

Signature of the Principal _____

Signature of the President _____