



# BETHEL NEW LIFE COLLEGE



In Association with  
**MARTIN LUTHER CHRISTIAN UNIVERSITY, SHILLONG, MEGHALAYA**

No: 126, 5th Cross, Lake View Residency, Horamavu Agara, Bangalore- 560043  
Phone: 9736911010, 9736591010 Email: bethelnewlifecollege@gmail.com

## Application for Admission

Enrollment Id: \_\_\_\_\_

### Please mark the programme for which admission is sought

- BA in Christian Studies 3 Years
- MA in Christian Studies 2 Years

Affix  
photo here

### A. PERSONAL INFORMATION

1. Full Name (Block Letters, as it is in the certificates) \_\_\_\_\_

2. Gender:  Male  Female

3. Date of Birth: \_\_\_\_\_ Age (as on March 31)  
(Date) (Month) (Year)

4. Address: for communication: \_\_\_\_\_  
(Street) (Town /City)

(State)

(Zip Code)

(Country)

(Phone No. with STD/ISD Code) (Email)

5. Parent's/Guardian's Name & Address: \_\_\_\_\_

(State)

((Zip Code)

(Country)

(Phone with STD/ISD code) (Email)

6. Marital Status:  Married  Unmarried  Engaged

A. If married, Name of the spouse: \_\_\_\_\_

B. Name of the children & their ages: \_\_\_\_\_

C. Will you be a single student during the course of your studies?  Yes  No

7. Do you have any relatives presently studying at BNLC?  Yes  No

If yes, please specify the relationship: \_\_\_\_\_

8. Has any of your close relatives studied at BNLC?  Yes  No

If yes, please specify the relationship: \_\_\_\_\_

9. Are you under medication for any illness?  Yes  No

If any, please specify: \_\_\_\_\_

10. Have you applied to any other college for admission?  Yes  No

If so, please specify: \_\_\_\_\_

**B. ACADEMIC INFORMATION**

1. Please give information about all your previous academic achievements.

Programme	College/Institution	Medium of Instruction	Year of Completion	Class/Division and Remarks
Schooling				
PUC/PDC/HSC				
Graduate				
Post Graduate				
Any Other				

2. Write the language you can handle and the level of proficiency (please tick mark)

Language	Read	Write	Speak

4. Have you had any previous theological education/Christian training?  Yes  No

If so, please specify: \_\_\_\_\_

Enclose copies of certificates

5. Have you ever applied to Bethel New Life College previously?  Yes  No

If so, when? \_\_\_\_\_

**C. CHRISTIAN EXPERIENCE AND CHURCH INFORMATION**

1. When did you receive Christ as your Lord and Savior? \_\_\_\_\_

2. Have you received the believer's baptism?  Yes  No

If so, when \_\_\_\_\_

3. Have you received the Holy Spirit?  Yes  No

If so, when \_\_\_\_\_

4. Name of your Church/Denomination \_\_\_\_\_

5. How long have you been a member of the Church? \_\_\_\_\_

6. What is your present involvement in the Church? \_\_\_\_\_

7. Have you ever served in any leadership role in the church?  Yes  No

If so, explain \_\_\_\_\_

8. Briefly explain your involvement in Christian Ministry \_\_\_\_\_

**D. FINANCIAL INFORMATION**

Please go through the relevant section of the prospectus and complete the following:

1. Are you being supported by any Church/Organization/Sponsors?  Yes  No

3. Have you filled and submitted the financial sponsorship form?  Yes  No

4. Briefly explain your financial status \_\_\_\_\_

## REFERENCES

Please indicate the names and address of your Pastor and two persons who will provide reference on your behalf. These reference letters must not be from your parents, family members or any other close relatives. Please receive the duly filled reference form in a sealed envelopment from those references persons and return to Bethel New Life College along with the duly filled application form.

Pastor's Name: \_\_\_\_\_

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

Street \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

Phone No. with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

Referrer's Name: \_\_\_\_\_

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

Street \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

Phone No. with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

Referrer's Name: \_\_\_\_\_

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

Street \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

Phone No. with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

## DECLARATION

I solemnly declare that all the above information is accurate and true to the best of my knowledge. I understand that any false and misleading information given above may lead to disqualification for admission to Bethel New Life College. Admission to BNLC is subject to verification of final records from all institutions I have attended. If admitted, I agree to abide by all the rules and regulations and standards of the institution. Further, I will meet the Christian conduct on and off the campus.

Date: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

## CHECKLIST (Kindly check if you have all necessary documents included with your applications)

1. Duly filled Application Form.
2. Copies of Academic Certificates and Transcripts
3. Applications Fee
4. Detailed Personal Testimony in a separate sheet of paper (this includes your call and interests for Christian ministry)

Please return the application form along with all the above said documents to:

**Dean of Admissions, BETHEL NEW LIFE COLLEGE** In Association with MLCU, SHILLONG

No: 126, 5th Cross, Lake View Residency, Horamavu Agara, Bangalore- 560043

Phone: 9736911010, 9736591010 Email: bethelnewlifecollege@gmail.com

## FOR OFFICE USE ONLY

Admission Status: \_\_\_\_\_ MLCU Application No: \_\_\_\_\_

Date & Sign of Dean of Admissions \_\_\_\_\_ Remarks: \_\_\_\_\_



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## FINANCIAL SPONSORSHIP FORM

1. Name of the applicant: \_\_\_\_\_

2. Course for which applied: BA, MA

3. Are you sponsored by a church/organization/sponsoring agency Yes/ No

If yes, please state the name of the Sponsor or Body \_\_\_\_\_

4. Address of the sponsoring organization/Individual for paying your fees

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

Street \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

Phone with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

### WORK SCHOLARSHIP

1. Are you applying for a BNLC work scholarship?  Yes  No

2. What is your family annual income? \_\_\_\_\_

3. What is your other source of Income? If any; Please mention \_\_\_\_\_

4. How much would you be able to pay? \_\_\_\_\_

5. What is your area of special work/ skills/training/abilities? \_\_\_\_\_

6. Are you willing to work as per BNLC work scholarship requirement?  Yes  No

### SPONSORSHIP STATEMENT

Kindly read the statement of sponsorship form. You are responsible to the institution to fulfill the financial commitment.

### STUDENTS COMMITMENTS

I understand that I am responsible for paying the sum of Rs. \_\_\_\_\_ per year towards my fee BNLC. I expect to pay the same through the following source of income.

Sponsor Rs. \_\_\_\_\_

Family Rs. \_\_\_\_\_

Work Scholarship: Rs. \_\_\_\_\_

Others (specify) Rs. \_\_\_\_\_

**TOTAL:** Rs. \_\_\_\_\_

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

### SPONSOR'S COMMITMENT

I hereby solemnly undertake financial Support of Mr/Ms \_\_\_\_\_ for two/three years as per the programme fees at Bethel New Life College.

Signature: \_\_\_\_\_ Seal \_\_\_\_\_ Date \_\_\_\_\_



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## MEDICAL CERTIFICATE OF PHYSICAL FITNESS

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

### HISTORY OF ANY PREVIOUS ILLNESS/MEDICATION

Jaundice \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Congenital disorders \_\_\_\_\_

Rheumatic Heart Disease \_\_\_\_\_

Epilepsy \_\_\_\_\_

Respiratory disorders \_\_\_\_\_

### GENERAL PHYSICAL EXAMINATION:

ENT Examination: \_\_\_\_\_

Eye: \_\_\_\_\_

Cardio-vascular system: \_\_\_\_\_

Respiratory system \_\_\_\_\_

Abdominal examination: \_\_\_\_\_

Central nervous system: \_\_\_\_\_

### LABORATORY EXAMINATION:

BLOOD Hb, TC, PC, ESR \_\_\_\_\_

VDRL \_\_\_\_\_ RBS \_\_\_\_\_ Blood Group \_\_\_\_\_

HBsAg \_\_\_\_\_

STOOL – Occult blood \_\_\_\_\_

Ova/Cyst \_\_\_\_\_

URINE – Micro \_\_\_\_\_

### SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT:

As per my knowledge, the candidate is physically fit for an intensive study

Date: \_\_\_\_\_ (Doctors signature and Reg. No) \_\_\_\_\_

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

Street \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

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To the Applicant: Please enclose all the reports of the medical examination along with your application form.





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## PASTOR'S REFERENCE FORM

To the Applicant: Please fill your name and forward this form to your pastor for completion. The form should be completed by your pastor. Please send us the duly filled pastor's reference form in a sealed envelope along with the application form.

Name of the Applicant: \_\_\_\_\_

Dear Pastor,

The above applicant has applied at BNLC for the admission of BA, MA, and has given your name as a reference. We greatly appreciate your valuable time to fill this form as objectively as possible. Kindly seal it in an envelope and return to the applicant. Your information regarding the applicant will be kept strictly confidential.

1. How long have you known the applicant? \_\_\_\_\_
2. How long has the applicant been a member of your Church? \_\_\_\_\_
3. Is the applicant related to you?  Yes  No  
If yes, in what relationship? \_\_\_\_\_
4. Does he/she have any health problems?  Yes  No  
If yes, please give the details \_\_\_\_\_
5. How would you rate the applicant's ability/caliber in the following areas? Please mark in the following:

Quality	Excellent	Good	Average	Below Average	Poor
Ability to work with others					
Spiritual maturity					
Ability to study in English					
Sense of responsibility					
Willingness to learn					
Attitude towards authority					
Christian character/testimony					
Willingness to help others					
Leadership ability					
Involvement in the ministry					

6. How would you rate the applicant's financial status? Do you think he/she :
  - Is able to pay his/her fees?
  - would need some help?
  - Is unable to pay?

7. If the applicant needs financial help or is unable to pay fees, to what extent will your Church be able to pay?

- Take full responsibility.
- Help partially.
- Not be able to help at all.

8. As per your observance, what are the strengths and weaknesses of the applicant?

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9. In your opinion, what areas of the applicant's life would need special attention at BNLC?

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10. Please tick one of the following:

- I strongly recommend the above application
- I recommend Him/Her.
- I do not recommend Him/Her.

(Please furnish the following information about yourself)

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

Street \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

Phone with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Sign \_\_\_\_\_ Seal \_\_\_\_\_



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## GENERAL REFERENCE FORM #1

To the applicant: This form should be completed by one of the two reference persons whose names you mentioned in your application form. Please fill your name and forward this form to the concerned person. Please send us the duly filled reference form in a sealed envelope along with the application form.

Name of the Applicant: \_\_\_\_\_

Respected Sir/ Madam,

The above applicant has applied at BNLC for the admission of BA, MA, and has given your name as a reference. We greatly appreciate your valuable time to fill this form as objectively as possible. Kindly seal it in an envelope and return to the applicant. Your information regarding the applicant will be kept strictly confidential.

- How long have you known the applicant? \_\_\_\_\_
- How long has the applicant been a member of your Church? \_\_\_\_\_
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Phone with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Sign \_\_\_\_\_ Seal \_\_\_\_\_



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## GENERAL REFERENCE FORM #2

To the applicant: This form should be completed by one of the two reference persons whose names you mentioned in your application form. Please fill your name and forward this form to the concerned person. Please send us the duly filled reference form in a sealed envelope along with the application form.

Name of the Applicant: \_\_\_\_\_

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State \_\_\_\_\_ Pincode \_\_\_\_\_ Country \_\_\_\_\_

Phone with STD/ISD Code \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Sign \_\_\_\_\_ Seal \_\_\_\_\_