



HINDUSTAN BIBLE INSTITUTE & COLLEGE

86-89, Medavakkam Tank Road, Kilpauk, Chennai 600 010

Tel.: 044 – 26421199/26423758

Email: academic@hbionline.org

Accredited by Asia Theological Association (India)

&

Associate member of Martin Luther Christian University, Shillong, Meghalaya

Affix a
passport size
photo of
yourself here

APPLICATION FORM FOR ADMISSION

Note: Read the instructions found in Page No. 5

Registration No.

Please select the course you wish to apply for

- | | |
|---|---|
| <input type="radio"/> Bachelor of Theology (English Medium-Distance Learning Program) | <input type="radio"/> Master of Theology in New Testament (Residential Program) |
| <input type="radio"/> Master of Arts in Biblical Studies (Evening College Program) | <input type="radio"/> Master of Theology in Old Testament (Residential Program) |
| <input type="radio"/> Master of Arts in Theological Studies (Day Scholar Program) | <input type="radio"/> Master of Theology in Missiology (Residential Program) |
| <input type="radio"/> Integrated Master of Theology - 4 years (Residential Program) | <input type="radio"/> Master of Theology in Pastoral Theology (Residential & Day Scholar Program) |
| <input type="radio"/> Master of Divinity (Residential Program) | <input type="radio"/> Online MABS |
| <input type="radio"/> Dual degree program MSW / MBA / MSc. in Counselling | |

I. Primary Information:

Full Name in Capitals : _____

Present Communication Address : _____

State: _____ Pincode: _____

Telephone/Mobile # : _____

Email ID : _____

FOR OFFICE USE ONLY

Entrance Result	Scripture Knowledge	English	General Knowledge	Missiology/ Greek
Verification of Certificates Enclosed	10 th /SSLC/ PUC/12 th	B.Th/B.D/M.Div	BA/MA/M.Sc/M.Phil	Other Certificates
Admission Granted to Course				
Other Remarks on Finance, etc.				

Registrar

Academic Dean

Principal

II. Bio - Data

1. Full Name (in BLOCK letters) : _____

2. Father's/Guardian's Name : _____

3. Permanent Address : _____

State: _____ Pincode: _____

Tel/Mob # : _____

Email : _____

4. Address for Communication : _____

State: _____ Pin: _____

Tel. & Fax : _____

Email : _____

5. Local Guardian's Name & Address: _____

Tel. & Email : _____

6. In case of emergency, contact : _____

7. Date of Birth : _____ Age: _____

8. Place of Birth & State : _____

9. Nationality & Mother Tongue : _____

10. Other Languages you know well: _____

11. Marital Status : Single/ Married

12. If Married: a) Date of Marriage _____

b) Details of Children

	NAME	SEX	AGE
1.			
2.			
3.			

11. Will your family be accompanying you? (Please tick) Yes/ No

(Candidates whose wives will not be with them during the course of studies must provide a separate letter from their home church stating how the church will provide emotional and spiritual support to their spouses for the period of separation. In such cases the college administration also requires both the candidate and his/her spouse to be present at the time of the interview.)

III. Academic Background

Description	Names of the Degrees Obtained	Name of the School/Colleges Studied (School/College affiliated to/accredited by)	Medium of Instruction	Year(s) of Attendance/Duration	Year of Completion	Percentage of Marks Obtained
Pre Degree Course (10 th /12 th)						
Secular Degree(s)						
Theological Degree(s)						
Others						

IV. Church & Spiritual Background

1. Explain on a separate sheet of paper, your experience of Christ as your Savior and Lord. What does it mean for you to be a follower of Christ?

2. What is your church affiliation and involvement?

3. Have you been involved in Christian ministry? *(Use an additional page to give details of the nature of Ministry & the years of experience)*

4. What is your aim in doing the Theological course? State how you think this program will assist in the development of your ministry.

5. Give the names of the three persons who can give a confidential report about you. *(The references must include your pastor and present employer, if any. References of relatives will not be considered valid. Married candidates should produce the additional letter required in Section II number 11 of this application.)*
 - a)

 - b)

 - c)

V. Financial Background

How do you plan to take care of your financial commitments in HBI?

- a. Pay Personally
- b. Church will support
- c. Raise Scholarship
- d. Other

If you are sponsored, provide the name and address of the sponsor

VI. Other Information

1. How did you first hear about Hindustan Bible Institute & College?

2. State specifically your purpose in choosing the HBI & College?

3. Are you willing to abide by the rules and regulations of the Institute that are now in force and such other rules that are to be introduced from time to time?

VII. Pledge

In consideration of my acceptance of studentship of HBI & College, I confess the Triune God in His infallible revelation and in the scriptures. I will faithfully and diligently observe the rules and regulations governing the students and behave according to the standards of the Institution.

Date

Signature of the Applicant

AGREEMENT OF BOND
(Please sign below)

A student is accepted on the condition that he/she remains in the HBI & College during the whole period stated by him/her. In the event of his/her leaving, in accordance to the decision of the Institute authorities, he/she must pay the sum in Rupees equivalent to the expenditure involved in his/her behalf for Board and tuition during his/her stay in the HBI & College. The maximum amount payable will be reckoned as the equivalent of a whole year's board for any part of that year during which the student was present.

The HBI & College reserves the right for disciplinary action leading to dismissal of any student at any time for reason which the Director and the Faculty may deem sufficient for each action.

Signature of Parent/Guardian/Sponsor

Signature of the Applicant

Date:

Date:

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(TEAR THIS PORTION OFF AND KEEP WITH YOU)

Instructions for the Applicants

The applicant is requested to fill the form in English in his/her own handwriting and forward it along with the required documents to the Registrar before the deadline. Photo copies of the original certificates with attestation should be enclosed. Originals should be shown at the time of interview and handed over to the institute at the time of admission. Do not send the originals with the application.

The following documents must accompany the application. An application will be considered incomplete without these.

1. A true copy of the certificate which indicates the date of birth, duly attested by a Notary Public. (10th/SSLC or any other secular certificate)
2. True copies of the educational certificates and marks list, duly attested by a Notary Public.
3. Recent Copies of Photographs (3 copies - passport size) of the applicant.
4. A personal statement in a separate paper under "My Personal Testimony" giving evidence of your experience of salvation and call to Christian ministry.
5. Medical Certificate:
 - Candidates applying for the residential programs should attach the medical certificate in the form attached, from a qualified medical practitioner.
 - Candidates applying for the non-residential programs must get a separate medical fitness certificate from a qualified medical practitioner and submit it with the application form.
6. The "Agreement of Bond" on page 5, signed by applicant and parent/guardian/sponsoring organization.
7. Letter from pastor regarding Church membership and support.

When all the application papers have been received, the admission committee will consider the application and the candidate will be advised in writing of their decision. When admitted, the candidate must produce Mark Sheets, TC/Migration Certificate from the concerned Board of Education or College or University. He/She will be enrolled the course, only on production of TC/Migration and original Mark Sheets.

HINDUSTAN BIBLE INSTITUTE & COLLEGE
86-89, Medavakkam Tank Road, Kilpauk, Chennai 600 010

MEDICAL CERTIFICATE
(To be filled-in by the qualified doctor)

1. Name of the candidate in full : _____
2. Date of Examination : _____
3. Place of Examination : _____
4. Age : _____
5. Sex : _____
6. Marital Status : _____
7. Pertinent medical history (enquire particularly about TB and other infections and venereal diseases and disorders. Operations undergone, Menstrual History, headaches etc.) Specify if any, below:

8. General appearance of health and nutrition (excellent, good, fair, poor)
9. Physically Challenged : _____
10. Height without shoes : _____
11. Weight : _____
12. Temperature : _____
13. ENT: Hearing _____ Ears _____ Eye Sight: Rt _____ Lt _____
Glasses _____ Mouth _____ Teeth _____ Sinuses _____
14. Heart sounds _____ Size _____ Rate _____ B.P. _____
15. Lungs : _____
16. Abdomen: Liver _____ Spleen _____
17. Skin _____ Macules _____
18. Hernia : _____
19. Pelvic, If indicated : _____
20. Extremities : _____
Edema _____ Varicose Veins _____
21. Neuro-Muscular system : _____
Reflexes : _____
22. Laboratory:
Hemoglobin _____ Serology _____ Grams % _____
Urine analysis _____ Sp. Gr _____ Sugar _____
Albumin _____ Micro _____
Stool Examination _____
Chest screening or x-ray, if indicated _____
Blood Group: _____
Other tests: _____

After having personally and thoroughly examined the candidate Mr./Ms. _____

I hereby certify to the best of my knowledge that he/she is free from disease, which could endanger others and is physically fit to carry on with the proposed studies.

Remarks (If any) _____

Signature of the Doctor _____

Degree _____

Address of the Doctor _____

Reg. No. _____

Official Stamp

HINDUSTAN BIBLE INSTITUTE & COLLEGE, CHENNAI
86-89, Medavakkam Tank Road, Kilpauk, Chennai 600 010

REFERENCE FORM

Name of the Student: _____

The above mentioned person has applied for *B.Th /MABS / MATUL / M.Div / M.Th NT/Miss/ D.Min*) Program in Hindustan Bible Institute & College. We would appreciate your evaluation of his/her personal qualification. Your information will be kept strictly confidential. Please return this form directly to the Principal, HBI, Kilpauk, Chennai 600 010.

1. Name of Person completing this form : _____

Position : _____

Present relationship to the applicant : _____

Church/ Organization : _____

Address : _____

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

Instructions:

Please circle the number on the Rating scale below each criterion, which most closely describes your evaluation of the skill level or character trait listed. If you have not adequate opportunity to observe please mark the box marked "Don't know" include any additional comments in the space provide a number one (1) ranking means the person exhibits an unsatisfactory skill level in this category and seven (7) ranking means the person is very strong, zealous and involved in this area.

4. Relation to people:

Consider the applicant's ability to get along with others

	Very Weak				Very strong				Don't know
Peers	1	2	3	4	5	6	7	<input type="checkbox"/>	
Senior Christian Leaders	1	2	3	4	5	6	7	<input type="checkbox"/>	

5. Task Accomplishments:

Consider the applicant's ability to finish an assigned work

Task skills	1	2	3	4	5	6	7	<input type="checkbox"/>
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6. Evangelism:

Applicant's involvement in Church Ministry

	Not Involved				Very Much Involved			
Church Ministry among Christians	1	2	3	4	5	6	7	<input type="checkbox"/>
Ministry among people of other faiths	1	2	3	4	5	6	7	<input type="checkbox"/>

7. Spiritual Maturity:

Applicant's involvement in Church Ministry

Knowledge of God and His Word	Very Weak					Very strong	
	1	2	3	4	5	6	7 <input type="text"/>
Obedying the Will of God	1	2	3	4	5	6	7 <input type="text"/>
Ability to handle criticism and problems		Immature				Very mature	
	1	2	3	4	5	6	7 <input type="text"/>

8. Self Awareness:

Awareness of self	Very Weak					Very strong	
	1	2	3	4	5	6	7 <input type="text"/>

9. Leadership Qualities:

Applicant's leadership strengths and weaknesses

	Very Weak					Very strong	
<input type="radio"/> Dependable, honest	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Humble, teachable	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Able to communicate	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Able to manage people	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Able to plan and organize	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Able to manage time wisely	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Passion for Evangelism	1	2	3	4	5	6	7 <input type="text"/>
<input type="radio"/> Able to motivate others	1	2	3	4	5	6	7 <input type="text"/>

10. Does the applicant have proper acceptance with local Christian Community?

.....

11. State your reasons for recommending this applicant to study in HBI?

.....
.....

12. Do you know the name of a person, church or organization who might be willing to contribute toward the applicant's study expenses?

.....
.....

Date:
Place:

Signature

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1. Name of Person completing this form : _____

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Address : _____

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

Instructions:

Please circle the number on the Rating scale below each criterion, which most closely describes your evaluation of the skill level or character trait listed. If you have not adequate opportunity to observe please mark the box marked "Don't know" include any additional comments in the space provide a number one (1) ranking means the person exhibits an unsatisfactory skill level in this category and seven (7) ranking means the person is very strong, zealous and involved in this area.

4. Relation to people:

Consider the applicant's ability to get along with others

	Very Weak				Very strong			Don't know
Peers	1	2	3	4	5	6	7	<input type="checkbox"/>
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5. Task Accomplishments:

Consider the applicant's ability to finish an assigned work

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Place:

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Date:
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