



SOUTH ASIA BAPTIST COLLEGE OF THEOLOGY & MISSION

Maikhulli, B.P.O. Pillangkatta, Via Basistha Charialli,
Guwahati – 781029 | www.mib.center

Photo

APPLICATION FORM

Full Name : _____ Gender : _____

Date of Birth: _____ Nationality: _____

Mother Tongue: _____ Marital Status: _____

Permanent Address : _____

E-mail: _____ Phone No. : _____

Father's Name: _____ Mobile No.: _____

Mother's Name: _____ Mobile No.: _____

Pastor's Name: _____ Mobile No.: _____

THIS APPLICATION IS FOR:

_____ New College Admission (New student or transfer student)

_____ College Re-admission (former SABCT&M students)

I AM APPLYING FOR:

1. Diploma in Theology (Dip. Th) Regular : _____
2. Bachelor of Theology (B. Th) Regular : _____
3. Bachelor of Divinity (BD)/Master of Divinity (M.Div.) Regular or External: _____
4. Master of Theology (M.Th.) in Missiology – Regular : _____

HEALTH INFORMATION

Blood Group _____ Height _____ Weight _____

Do you suffer from sleeplessness? : _____

Do you use tobacco? _____ Intoxicant? _____

Any chronic illness / physical disability: _____

THIS FORM SHOULD BE ACCOMPANIED BY:

1. Three recent passport size photographs of the applicant.
2. Photostat copies of certificates of examinations passed.
3. Your personal autobiography written out on a plain piece of paper.
4. Recommendation letter from Pastor.
5. Original Certificates & Mark sheets must be submitted during admission.

ACADEMIC QUALIFICATION

Provide Information about all post-high school education you attended

INSTITUTION	LOCATION	Degree/Diploma	Graduation Year

STATEMENT OF THE APPLICANT

I declare that I shall submit myself to the disciplinary jurisdiction of the Director, Principal and the authorities of the South Asia Baptist College of Theology & Mission, to exercise discipline and abide by the rules and regulations that exist and that shall be framed.

By signing below, I covenant to support the College's testimony in my words and conduct, and to participate in the college community in Christian love and integrity.

I testify that all the information given in the form by me 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 from being admitted to, or continuing at SABCT&M.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Admit Mr/Mrs/Ms _____ Provisionally.

Date: _____

Signature of the Principal