



Application Form

Stewards Bible College

(A ministry conducted in fellowship with the Assemblies of the Brethren in India and Abroad)

No. 1, Bethesda Centre, R.V. Nagar, Kodungaiyur, Chennai-600 118, T.N.

Phone: 044-2555 0598 / 48613070

1. Name in Full (in Capital letters):.....

2. Address:.....
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3. Date of Birth:.....

4. Educational Qualification:.....

5. Details of Born Again experience: *.....

6. Details of baptism by immersion: Date..... Place.....

7. Mission field or secular work experience (if any). *.....

8. Assemblies you have been in fellowship with:

a) Names of Assemblies	b) Period of time	c) Responsible Brethren
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9. Have you been called for the Lord's work?.....

If yes, a) When?.....

b) Where?.....

10. Have you been commended to the Lord's work by an assembly?

If yes, mention the date and full address of the assembly:.....

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11. Languages Known: a) To Speak b) To Read c) To Write

i).....

ii).....

iii).....

12. Father's Name and Profession.....

Address:.....

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13. Are you married?.....

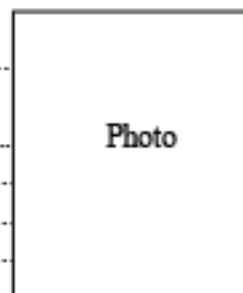
If yes, details of family:.....

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14. Any other relevant details about yourself?.....

15. Course applied for: a) Certificate; b) Diploma; c) Degree

**(Use a separate sheet if required for a brief testimony)*



Photo

DECLARATION BY THE APPLICANT

I have read the Prospectus of SBC and if I am selected to the course, I agree to abide by all the rules and regulations of the institution and undertake to devote my time and energy to study God's Word and equip myself to go into the Lord's service in fellowship with my assembly.

Date.....Signature of Applicant.....

COMMENDATION BY THE LOCAL ASSEMBLY

We hereby state that this brother has maintained over a period of time a consistent good Christian testimony and has shown keen interest in witnessing, and we consider him a fit person to undergo this course of study at SBC. We hereby agree to extend practical fellowship to the extent possible towards the board and lodging of the student as also towards the personal needs of the student.

Name & Address of the Assembly

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Name & Signature of Elders

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Affix Assembly Rubber Stamp

Date:.....

Enclosures required:

1. Two copies of recent passport size Photograph
2. Certificate of physical fitness by a government approved medical practitioner.
3. Copies of certificates of Educational Qualification.