

KOINONIA COLLEGE OF THEOLOGY

Run by Koinonia Education Foundation

Reg. under the B.P.T. Act 1860 / 21 No. 1571 / 26-9-2007

Survey No. 130/1, Near PCMC Water Tank, Bijlinagar, Chinchwad, Pune - 411 033. E-mail: jhiwale2001@yahoo.com Ph.: 020-27650015, Mob. 9850809239

Α	pplicatio	n for Admis	ssion - Dip.	Th	/ B.Th		
Note:		71000			Recent		
> Last date	e for applicat	ion : 31 st May			Colour		
The appl	icant is requ	ested to answer	every question.	Avoid	Passport		
	ng statemen		ob alarabina		-		
F Eligible (nay be offered so	cholaiships.		Photograph		
1. Full Name:	·						
i. Full Name.		(in bloc	k letters as per a	cademic rec	ords)		
2. Gender: M	lale/ Female	3. Marital S	tatus: <i>Married/ u</i>	nmarried/ er	ngaged/ divorced		
4. Date of Bir	th:		5. Place of Bir	rth:			
Date	Month	Year	7				
			7. Known Lan	7. Known Languages:			
			Speak	Read	Write		
6. Date of Ma	rriage:						
Date	Month	Year					
8. Nationality	:		9. Name of S	tate/Province	Э :		
10. Permane	nt Address:						
House No. &	Street :						
Colony:							
Landmark :							
City/ District :							
State				Pin C	Code		
11. Correspo	ndence Add	ress: (If same as	s above, tick-mar	k in the box			
House No. & Street:							
Colony:							
Landmark:							
City/ District :							
State :				Pin	Code		
12. Contact D	Details:						
r 							
Telephone .			Email				

	Christian	Duration					
Type of				Газавалия			
Work	Ministry/	(in Years &		Employer	Job details		
	Secular	Months)					
14. Awards /	Prizes / recognit	ions, if any					
received in	sports, games,	music, art					
work, literary a	activity, drama eto	D.,					
		1					
		Y	'es /	No, If Yes, o	give reasons:		
15. Have you	ever had to disco	ntinue any					
course, work	or studies						
16. Have you a	pplied for sponso	orship to your c	hurc	h / denomin	ation / organization or any		
other?					,		
If Yes, what is	the response? Sp	onsor as well	as su	upport financ	cially Sponsor but		
	ancially Ne			• •	· — ·		
If no, give reas					olariy		
. •	upport yourself? [
Tion will you or	apport youroon.						
17 Family Info	rmation: For Unn	narried Candida	ates				
•	ss of Father/ Gua		1100				
Traine a hadre	oo or rather out	iraiari.					
)ccur	oation of :-			
				Father:			
				Mother:			
Name of Cibi	li	Ι Δ			Occumation		
Names of Sibl	iings	A	ge	Gender	Occupation		
For Married Candidates only							
Name & Address of Spouse: Occupation of Spouse:							
Age:							
Names of Chi	ldren	A	ge	Gender	Occupation		

13. Give details of your work experience since leaving High School/ College:

18. Which local ch	urch are you a m	ember of?				
Name of the Churc	ch:	De	Denomination:			
Address:						
Plot No. & Street						
Colony						
Landmark						
City/ District						
State			Р	in Code		
19. Are you ordain	ed? Yes/ No.		D D M	MYY	V V	
If yes, the date of	Ordination:		D D W	101 1 1		
20. Educational qu	ualifications: (All a	applicable columns	s must be filled	d)		
	Name & Place		Year of	Name of	Class/	
Exam	of Board/ University	Subjects/ Major	Completion	Certificate	Division	
10 th						
12 th / Diploma						
Diploma/Degree						
Other						
Other						
21. What are your ➤ Do you play group?		ts? trument or sing in	a church choi	r or in any ot	her	
➤ Can you dri	ve any vehicle ar	nd do you have dri	ving license?			
➤ Have you e	xcelled in any sp	ort?				
•	Do you have experience with computers / accounting/ office work/ library / any other? Give details					
Any other in experiences	•	ou would like to giv	e concerning	your talents	or	

22. Give you	ır reason for choosing	to apply particula	rly to KCT f	or your stud	dies?		
23. References (3 references): Give the names, complete addresses and contact numbers of − ➤ Your Pastor							
> Refer	ence 2 (Church Elder)						
➤ Refer	➤ Reference 3 (a responsible Christian and mention his/her relationship with you)						
24. Has any	one from your family s		es/ No. If ye	9S,			
	Name of the perso	n	Year	Program	Relationship		
I, (name in full) declare that all the information given above is true and correct. I promise that, if admitted: I shall fully cooperate in maintaining the high academic standard KCT keeps. I shall endeavor my best to keep the spirit of unity and love KCT stands for. I shall cede to the right of the School Administration the right to take any appropriate disciplinary action against me, if my behaviour, character or doctrines of faith do not conform to the expectations of the School.							
Place:	Date:	Sign. of Ap	plicant:				
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Reference Form

Name of Applicant	is applying for admission to a program at our school. Our standards are high and we only admit applicants who are qualified for, and would do well in our training program. In light of this, we would appreciate your honest evaluation of the applicant. Please complete and send this form directly to the Admissions Office at the above address, or for faster processing, enclose in an envelope, seal the envelope, sign your name across the flap, and give to the applicant. Thank you for assisting us and the applicant in this part of the application process.					
Program Applied for:						
Diploma	in Theology Bachelor of Theology					
Waiver: I authorize the person listed below to provide a candid evaluation and relevant information to KCT. I hereby give up my right to examine this reference form (i.e. I will not read the contents of this form).						
Signature of Applicant	Date Date/Month/Year					
The rest of this form	must be completed by the reference/referee (not the applicant).					
	Occupation/Job					
	E-mail					
➤ How long have you kno	wn the applicant?					
In what capacity have y a blood relation, state t	ou known him/her? (e.g. employer, pastor, relative etc. If you are					

>	Do you know why the applicant wants to come to this Bible School?
>	What do you know about the applicant's personal commitment to Christ?
>	In what ways has the applicant been involved in the life of his/her congregation and/or other Christian work?
>	What gifts do you think the applicant has shown that might be useful in Christian Service?
	All people have weaknesses. What do you think are the main areas of weakness in the applicant's life?
>	Give your opinion of the applicant's character (including what you know of his/her general maturity and stability, relationships with others, honesty and reliability, moral standards and relevant points.)

>	Are there any problems in the applicant's family (opposition from parents, a rebad health, lack of finance or anything else) which might affect his/her studies?	elative's
>	Please tick one:	
	☐ I recommend the candidate very highly.	
	☐ I recommend the candidate.	
	☐ I recommend the candidate with certain hesitations.	
	☐ I do not recommend the candidate.	
Si	ignature of Referee: Date:	_
	Please send this directly to Koinonia College of Theology, PO Box: 3052, PCNT, F 411044, Maharashtra, India.	Pune
	Tilott, Mana, Maia.	