Return the Completed Application to:

The Dean of Admission, AECS, #146/2, St. Paul High School, Chelikere Layout, Kalyan Nagar –Post, Bangalore-560043, India

APPLICATION FORM

Ар	plication for	Diploma in Theology Bachelor of Ministry Bachelor of Theology Master of Ministry Master of Divinity Master of Theology Doctor of Ministry	2X2 PHOTOS (attach three)
1.			
	•	en in BLOCK letters as on your academic certificates)	
2.	Age:Date	of Birth: Day Year	
3.	Place of Birth :	State:	
4.	Mother Tongue:		
5.	Language Known:	1	Speak /Read/Write
		2	Speak/Read/Write
		3	Speak/Read/Write
6.	Gender:	Male :Female:	
7.	Present Address:		
8.	Permanent Address	5:	
ο.	reilliallellt Address		
		Telephone: Home:Office:Office:	
		Cell:Email:	
9.	If Married, Name of	f the Spouse:	
		Qualification:	
		Occupation:	

Children	Names	<u>Age</u>	Education		<u>Work</u>
	1.				
	2				
	3.				
Your Occu	pation:				
Your Emp	loyer:				
Addre	ss:				
Teleph	none:	Email	•		••••••
Your Qual	ification: Gi	ve details & attached photoco	ppies of certificates		
LEVEL		INSTITUTION	Year of	Year of	Class/Division
			Admission	Graduation	
High Sch	iool				
Hr. Sec/	PUC II Pass				
B.A/B. S	c/B/Com				
D.ip Th/	G.Th				
B. Th/B.	D/				
M.Div/N	1. Th				
15. Give a	chronologic	al Transcripts & Certificates at	nces thus far.	1	1 2000000
YEARS	INST	TITUTION	OFFICE	WORK	/POSITION
		are given elsewhere in the Pers from concerned authorities		r each of these	e questions and
	• Who w	rill sponsor your studies?			
	• VVIIO VV	in sponsor your studies:			

	To whom are you accountable for your studies?							
17. P	rovide contact details of three persons whose reference to your suitability for this study. Are you							
se	sending?							
a.	A teacher who taught you who could attach your ability to study							
b.	A teacher who mention your previous and could attached your ability for research and writing							
c.	A pastor or mission leader who knows you well to attach your spiritual commitment and motivation in							
	ministry to qualify you for such study as this program involves							
18. D	eclaration and Pledge							
l,	declare that all the information furnished in this application is true and							
correc	t.							
>	I understand that AECS sets a high standard of morality, spirituality, lifestyle, mission commitment and							
	academic quality, and I promise to abide by and uphold it.							
>	I shall submit to AECS rules, regulations and decisions.							
>	I shall attend all the courses organize by the seminary, and participate in the study process as per the							
	prescribed calendar with full cooperation.							
>	If my quality of work is judged lower than the expected norm, and if advice is furnished to discontinue							
	my studies, I shall cooperate.							
>	I shall pay all dues of fees as expected by AECS without delay.							
>	I shall do all within my power to study without break and complete the course in the prescribe time.							
	(Signature and Date)							

146/2, Chelekere Layout, C/o St. Paul High School, Kalyan Nagar P.O, Bangalore 560 043- India. Ph: 080-2544 7542, 2544 3386 Fax: 080-2544 6103. E-mail: aecsiec@hotmail.com, aecsiec@hanmail.net

PASTOR'S REFERENCE

	Applicant: Please fill in your name and forward this form to your Pastor for completion. The form should pleted by your Pastor and mailed directly to 'The Dean of Admissions Asia Evangelical College & 'y'.
Name o	f the Applicant:
has bee	eve applicant has applied to AECS for admission to the B. Min./ B. Th./ M. Min./ M. Div./ D. Min. course, and en given your name as a reference. We would greatly appreciate your taking time to fill this form as ely a possible. Kindly return it to us at the earliest. Your evaluation of the applicant will be Kept strictly ntial.
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 or No
	If yes in what capacity
	Does he/she have any health problems that would hinder his/her studies at AECS? YES/ NO.
4.	How would you rate the Applicant's ability/calibre in the following areas: (Indicate your assessment with a tick mark in one of the four columns)

Level	EXCELLENT	GOOD	AVERAGE	WEAK
Attitude to the Authority				
Ability to Study in English				
Ability to Work with Others				
Christian Character/Testimony				_

(Commitment to Ministr	У				
ı	eadership Ability					
9	Sense of Responsibility					
`	Willingness to Help Oth	ers				
`	Nillingness to Learn & ρ	out into practice				
5.	How do you rate the Do you think he/she Able to pay l Would need	is? his/her fees. Ye				
6.	If the Applicant need pay?	ds financial help,	/ is unable to pay t	he fees, to wh	at extent will you	r church be able to
	Take full resHelp partiall	•	Yes/No Yes/No			
7.	In your opinion, wha	t areas of the Ap	oplicant's life need	special attention	on here at AECS?	
8.	In your estimate, wl (used separate sheet			sses in the Ap	plicant's Persona	lity and Character?
9.	Please tick one of the	e following befo	re signing your nam	ie		
	I strongly recomI recommend wI do not recomn (Please furnish the fo	ith some reserva nend.	ation.	f)		
Name						
Name	of the Church and Den	omination:				
Positio	on:					
Addre	ss:					
	.:					
E-mail	<u>.</u>					
Date:				Signatur	2:	
				- 0		

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CHURCH LEADER'S REFERENCE

	Applicant: Please fill in your name and forward this form to your Pastor for completion. The form should appleted by your Pastor and mailed directly to 'The Dean of Admissions_ Asia Evangelical College & ary'.
Name	of the Applicant:
has bee	we applicant has applied to AECS for admission to the B. Min./ B. Th./ M. Min./ M. Div./ D. Min. course, and n given your name as a reference. We would greatly appreciate your taking time to fill this form as ely a possible. Kindly return it to us at the earliest. Your evaluation of the applicant will be Kept strictly atial.
10.	How long have you known the Applicant?
11.	How long has the Applicant been a member of your church?
12.	Is the Applicant related to you? Yes or No If yes in what capacity
	Does he/she have any health problems that would hinder his/her studies at AECS? YES/ NO.
13.	How would you rate the Applicant's ability/calibre in the following areas: (Indicate your assessment with a tick mark in one of the four columns)

Level	EXCELLENT	GOOD	AVERAGE	WEAK
Attitude to the Authority				
Ability to Study in English				
Ability to Work with Others				
Christian Character/Testimony				

Co	ommitme	ent to Ministry							
Le	eadership	Ability							
Se	Sense of Responsibility								
W	/illingnes	s to Help Others							
W	/illingnes	s to Learn & put into pract	tice						
14.	Do you	you rate the applicant's f think he/she is? Able to pay his/her fees. Would need some help	Yes/No	atus?					
15.	If the Apay?	applicant needs financial h	·	able to pay the f	ees, to what exte	ent will your chu	rch be able to		
	>	Help partially		es/No					
16.	In your	opinion, what areas of the	e Applicant	t's life need spec	ial attention here	e at AECS?			
17.		estimate, what are the separate sheet to answer the		and weaknesses	in the Applican	t's Personality a	nd Character?		
18.	Please	tick one of the following b	efore signi	ng your name					
	l r	trongly recommend the ab ecommend with some reso to not recommend. e furnish the following info	ervation.						
Name:									
Name c	of the Ch	urch and Denomination:							
Position	า:								
Address									
Phone.:									
E-mail:.									
Date:					Signature:				

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FINANCIAL GUARANTEE FORM

To the Applicant: Please fill in your name and forward this form to the person/organisation taking responsibility for paying your fees at AECS. If you are self-sponsored, you may fill the form by yourself, the complete form should mailed directly to 'the Dean of Admissions, Asia Evangelical College & Seminary'. Name of the Applicant: Course for which applied: Dip. Th./B.Min./B. Th. /M.Min./ M. Div. / M.Th./ D. Min. This form must be duly filled and signed by the sponsor of the student and returned to the College by the student along with his application for admission. The student is required to pay his/her fees in full at the time of admission to AECS. All payments must be made directly to the Admission Office. **Answer Either A or B** Name of the Sponsor: (If sponsored by Individual/family) Address:.... Name of authorized executive of sponsoring body (church/ Agency) Duration of sponsorship (Please circle one of the following) 1 Year 2 Years 3 Years 5 Years Kindly treat the statement of sponsorship with utmost seriousness because the college may hold you responsible to fulfill the financial obligation. **Statement of Sponsorship**: I hereby solemnly undertake the full financial sponsorship of......upon his/her admission to Asia Evangelical College & Seminary in accordance with the terms stipulated above. Office Seal of Signature:.....

Sponsoring Organization