



MISSION INDIA BIBLE COLLEGE

A Theological Institution of Mission India Regd. H.Q.: Nagpur, Maharashtra,

Accredited by IATA, Accredited by ATA (B.Th., Dip.Th.),

External Study Center of Senate of Serampore (B.C.S., Dip.C.S.),

Founder & President: Dr. Saji K. Lukos

MULAYARA P.O., THIRUVANANTHAPURAM- 43, KERALA, INDIA.

Phone: +91-9446100250/9544011483, E-mail: info@mibckerala.org, <https://www.elearning.mibckerala.org/>

**Dear Applicant,
Greetings!**

Welcome to Mission India Bible College. It's good to know that you are interested to study the Word of God and apply for admission. We are committed to help and train you in accomplishing your goals.

1. General Instructions and Procedure

- 1.1 Kindly go through the following instructions before filling up the application form.
- 1.2 Become familiar with the prospectus of MIBC, which gives clear information about admission, registration, and programs.
- 1.3 Read all the information asked for and carefully write the answers clearly and specifically.
- 1.4 Send the duly filled-up application form and supporting documents by Registered/Speed Post by India Post only.
- 1.5 The last date for receiving the completed application form is on ___ June, 20___ along with Rupees 150/- for application processing.
- 1.6 Late applications can be received until ___ June, 20___ with a late fee of Rupees 250/-.
- 1.7 Once the MIBC office receives the duly filled-up application forms from the Applicant, the office may send an invitation letter for interview after verification. Personal Interview will be held through the Online Zoom platform due to the current Covid-19 pandemic situation (generally at MIBC Campus in Trivandrum) in the first week of June, _____.
- 1.8 The invitation for the interview does not guarantee Admission. The decision of the MIBC admission committee to grant admission will be informed to the applicant after the interview.
- 1.9 Applicants are required to write an entrance examination consists of General Knowledge, English Language, and Bible Knowledge. After the entrance exam, the date and time for the Personal Interview will be intimated to an applicant before admission.
- 1.10 Incomplete application forms will **NOT** be considered.

2. Supporting Documents Required to Process the Application for Admission

- 2.1 Attach self-attested copies of all academic records such as certificates and Mark statements along with the application form.
- 2.2 Do not send any original certificates along with your application for admission. All the originals are to be produced at the time of registration.
- 2.3 Attach self-attested copies of Identity proof such as Aadhar Card, Electoral Photo Identity Card or Driving License, etc.
- 2.4 Self-attested copy of Baptism and church membership certificate on Church Letterhead.
- 2.5 Consent letter from the guardians/parents if an applicant is below 21 years of age.
- 2.6 Reference/Recommendation letters:
 1. Church Reference – 2CRF Page No.10,
 2. Academic Reference – 3ARF Page No.11
- 2.7 Financial Sponsorship Commitment form – 4FSF Page No.12.
- 2.8 Medical certificate from a recognized M.B.B.S. doctor in the prescribed medical form – 5MF Page No 13.
- 2.9 Personal Testimony written according to the sample format – 6PT, p.14-16, if needed you may use a separate sheet of paper.



2.10 Evidence (bank transfer receipt) of application fee (non-refundable).

3.How to send the application fee?

Applicants can submit the fees by Bank Transfer (RTGS/NEFT)/Demand Draft/Cash.

D.D. should be made in favor of “MISSION INDIA BIBLE COLLEGE” payable at **THIRUVANANTHAPURAM.**

· In case of **bank transfer**, please use the bank details:

Account Name: Mission India Bible College,

A/c no. 13050200005205,

FEDERAL BANK,

MUTTADA branch,

Thiruvananthapuram,

IFSC: FDRL0001305.

You may send intimation along with the copy of bank receipt after the transfer of payment to email:

<principal.mibctvpm@gmail.com>

Send the duly completed application form along with the supporting documents by **Registered/Speed Post by INDIA POST** to:

**The Registrar,
Mission India Bible College,
Mission India Campus,
Mulayara P.O.,
Thiruvananthapuram-695 543,
Kerala.**



(For office use only) Received date of application: _____ Year: _____ Processing Fee: _____



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1 AF

Affix
A Passport size
Photo

Application Form

Select the program you are applying for; check the box

- | | |
|--|---|
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Ministry (English/Malayalam) |
| <input type="checkbox"/> Bachelor of Theology | <input type="checkbox"/> Bachelor of Biblical Studies (Malayalam) |
| <input type="checkbox"/> Diploma in Theology | <input type="checkbox"/> Certificate in Theology (Malayalam) |
| <input type="checkbox"/> Certificate in Christian Ministry (English/Malayalam) | |

To be completed by the applicant. Please type or print clearly, as it appears in your official certificate.

A] PERSONAL INFORMATION

1. Name of the applicant :(in block letters)
First: _____ (Middle): _____ (last): _____

2. Gender: Male Female

3. Date of Birth: Date Month Year

4. Place of Birth _____
City _____ State _____ Country _____

5. Nationality _____

6. Aadhar Number

7. Address for Communication:

House No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____

Country _____ Pin/Zip code

Email _____

Phone : Code: _____ Phone No _____ Mobile _____

8. Permanent Address: Same as above If different from above, Please specify

House No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____

Country _____ Pin/Zip code

Email _____

Phone : Code: _____ Number _____ Mobile # _____



B. FAMILY INFORMATION9. Marital status: Single Married Divorced/Widowed10. Date of Marriage: Date Month Year

11. Spouse's Name _____ Occupation _____

12. Spouse's Date of Birth: Date Month Year1. Do you have children? Yes No

#	Name of Children	Date of Birth	Gender	Any special attention required

2. How would you make alternative plans since the family quarters are not available on campus?

 Make my own accommodation arrangements off campus and study as a day-scholar Come as a single student and stay in the campus dormitory.3. Name of your father _____ Occupation _____ Deceased4. Name of your mother _____ Occupation _____ Deceased

5. Parents/Guardians' Address:

House No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____

Country _____ Pin/Zip code

Email _____

Phone: Code: _____ Number _____ Mobile # _____

6. Name of your siblings and their contact phone/mobile numbers

#	Name of Siblings	Age	Gender	Contact phone/mobile number

7. Mother tongue: _____

8. Languages

Languages that you speak, read and write.		
Speak	Read	Write



C. BACKGROUND AND HEALTH INFORMATION

9. Do you have a habit of smoking, using tobacco and intoxicating drinks etc? Yes No

10. Do you have any kind of addictions and substance abuse like drugs etc? Yes No

11. Are there any police/court cases in which you are involved? Yes No

If yes, explain: _____

12. Have you ever been arrested by police in any case? Yes No

13. Have you ever been treated for mental illness or emotional health Yes No

14. Are you differently able? Yes No

If yes, would you explain _____

What accommodations are needed _____

15. Do you suffer from any chronic disease such as Tuberculosis, Epilepsy, Asthma, Diabetes, Rheumatic heart etc? Yes No If yes, specify _____

16. Have you been admitted to the hospital within last six months? Yes No

If yes, specify the reason _____

17. Do you take medicines with doctor's medical prescription? Yes No

18. Do you take medicines without doctor's medical prescription? Yes No

If yes, specify _____

19. Do you have any kind of food allergy? Yes No

If yes, specify _____

20. Do you need special diet and accommodation? Yes No

If yes, specify _____

D. CHRISTIAN EXPERIENCE AND CHURCH AFFILIATION

21. Have you received Christ as your Personal Lord and Savior? Yes No

If yes, Date of Salvation _____

22. Have you received the Believer's water baptism? Yes No

If yes, Date of Water Baptism _____

23. Do you have any experience of the baptism of the Holy Spirit? Yes No

If yes, When _____

24. Do you have a Call for the Christian Ministry? Yes No

25. Are you willing to be a servant leader? Yes No

26. Name and Address of your Local Church

Church Name: _____



Street No: _____ Village _____ **1 AF**
 Post Office _____ Tehsil _____
 City/District _____ State _____
 Country _____ Pin/Zip code
 Email _____
 Phone: Code: ____ Number _____ Mobile # _____

27. Name of your local pastor/presbyter/vicar and Contact information

Name of the Pastor	Phone/Mobile Number	E-mail ID

28. Do you exercise any spiritual gifts? Yes No

If yes, specify _____

29. Are you a worship leader? Yes No

If yes, specify _____

30. What is your Denominational/Church affiliation? _____

31. Do you play musical instruments? Yes No

If yes, specify the name of the instrument _____

32. Describe your present and past ministry involvement in your local Church?

33. Are you ordained? Yes No

If yes, Date of ordination: Date Month Year

(Please attach a copy of your ordination certificate along with the application form)

34. Details of your work and ministerial experience

Type of work/ministry	Full/Part-time	Duration	Name Employer & Supervisor

35. Are you working with Mission India? Yes No

36. Do you personally know any member of Mission India? Yes No

If yes, mention the name and designation of that person _____

37. Specify your special talents, hobbies or interests: _____



38. Specify your strength and Weakness

Strength	Weakness

E. ACADEMIC INFORMATION

39. Annotate your educational qualifications with details and attach self-attested copies of your certificates.

Programme/ Course	Specialization	Name and place of the Institution/College	Duration From - To	Medium	Year of Passing	Grade
10th						
+2/H.S.C						
Graduation						
Post graduation						
Any other						

40. Did you do any Research work/Thesis? Yes No

If yes, give details _____

41. Have you received any special/academic award? Yes No

If yes, specify _____

42. Have you ever been denied admission to/been dismissed from/been on disciplinary action at any college/seminary? Yes No**F. FINANCIAL INFORMATION**

43. Who is responsible to pay for your fees during the period of your studies at MIBC?

 Self Parents Church Sponsor Pastor44. Are you being supported by any Church, Organization or Sponsoring Agency? Yes No

If yes, give the details _____

45. Name and Address of your Sponsor _____

House/Street No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____



Country _____ Pin/Zip code

Email _____

Phone: Code: _____ Number _____ Mobile # _____

Submit a letter of recommendation signed by the pastor of the Church/Head of the organization.

46. Do you plan to apply for MIBC work Scholarship? Yes No

If Yes, why do you want to apply for it? _____

What areas you are able to participate? _____

47. Do you have any financial debts? Yes No

If yes, specify _____

48. What is the monthly income of your family?

Family monthly Income: _____

Personal monthly Income: _____

49. Please see the 'Financial Sponsorship Commitment Form'. A limited number of further scholarships are available on already subsidized fee for deserving and needy students. Kindly send the completed and signed Financial Sponsorship Commitment form to the MIBC office. Scholarship decisions are made after the entrance exam and the personal interview.

G. REFERENCES

50. Please indicate the name and addresses of three persons (a Pastor, a Teacher/Professor, a friend) who would be willing to provide references on your behalf, they must not be your parents, family members or any other close relatives. A request for reference will be sent by MIBC.

60.a. An ordained Pastor who knows you well:

Name of Pastor:(Rev./Pr.) _____

Church Name: _____

House/Street No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____

Country _____ Pin/Zip code

Email _____

Phone: Code: _____ Number _____ Mobile # _____

60.b. A former Teacher/Professor who knows you well:

Name: _____

House/Street No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____

Country _____ Pin/Zip code

Email _____

Phone: Code: _____ Number _____ Mobile # _____

60.c. A reputed Christian friend who knows you well:

Name : _____

House/Street No: _____ Village _____

Post Office _____ Tehsil _____

City/District _____ State _____

Country _____ Pin/Zip code

Email _____

Phone: Code: _____ Number _____ Mobile # _____



H. DECLARATION

I _____ do hereby solemnly declare that the above information is accurate and true to the best of my knowledge. If admitted, I agree to observe all the rules, regulations and standards of Mission India Bible College and maintain a high standard of Christian Conduct on and off campus. I shall fulfill the responsibilities in all aspects of my stay at this campus and shall balance my spiritual, academic, personal, family, and social life.

If I failed to comply, I will accept the disciplinary actions and decisions of the administration of MIBC, even including the possible termination of my study at MIBC, Trivandrum.

Date: _____

Signature of the Applicant

Note: Any false or misleading information given above will lead to disqualification for admission at MIBC and the acceptance for admission is subject to verification of all final records from all the institutions the applicant have attended.

Checklist

Kindly check and make sure that you have enclosed all the supportive documents along with your application.

- Completed Application form- 1AF p.2-8.
- Two copies of your recent passport size photographs
- Self-attested copies all the academic certificates and Transcripts (Mark Sheets)
- Church Reference signed by the Pastor/Vicar of the Church -2CRF p.9
- Academic Reference signed by a former teacher -3ARF p.10 (Should be sent as confidential)
- Financial Sponsorship Commitment Form -4FSF p.11
- Medical Form filled and signed by a Registered Medical Doctor (M.B.B.S)- 5MF p.12.
- Personal Testimony written according to the sample format -6PT, p.13-15, if needed you may use separate sheet of paper.
- Consent letter from your parents /guardian

For Office use only

Application Received on: _____ Interview Date: _____

Result of Entrance Exam & Interview: _____ (Pass/Fail/Admit/ Wait List/Reject)

Academic year: _____ Registration Number: _____

Registration fee : _____ Amount: _____

Date of Admission: _____ Date of joining: _____

Status of supportive Documents: _____

Any Remarks: _____

Registrar's Signature: _____





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CHURCH REFERENCE

Respected Pastor,

Greetings in the matchless name of Lord Jesus!

We request you to answer the following questions sincerely from the best of your knowledge without consulting the student who desires admission. Thank you for your co-operation.

Name of the Applicant _____ Program applied to: _____

How long do you know the applicant: _____

What do you know about the applicant's Christian experience and commitment to Christ?: _____

Is the applicant really saved and does he keep a good testimony? _____

What is the applicant's involvement in his or her local Church? _____

Are you convinced in your heart that the applicant has a definite call of God for the ministry? _____

In your understandings, what are his/her weakness? _____

In your understandings, what are the good qualities in him/her? _____

Is the applicant's health good enough to do hard work in the ministry? _____

Are he/she and his/she family obedient in all the matters of the local Church? _____

Is this applicant's family able to financially support his/her studies? _____

How would you evaluate and rate the applicant in the following areas

<i>Description</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Not observed</i>
Christian commitment					
Character /Testimony					
Submission to authority					
Ability to learn English					
Integrity/Honesty					
Leadership ability					
Willingness to help and serve					
Team work					
Willing to learn					

Recommendation:

I recommend the candidate highly

I recommend the candidate

I recommend the candidate with hesitation

I do not recommend the candidate

Signature _____

Pastor's Name: _____

Church Name _____

Address _____

Post Office _____ District _____

State _____ Country _____

PIN/Zip Code Phone No: _____

E-mail _____





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ACADEMIC REFERENCE

Notice to Applicant: Complete your name and program applied to. A former teacher/professor who is acquainted with your academic performance should complete this form. This form should be sealed in the envelop provided and sent along with the application form.

Name of Applicant: _____ Program applied to: _____

To the Referee: We highly appreciate your help in providing the information to complete this applicant's form to assess his or her eligibility for admission to MIBC. Admission is dependent upon careful evaluation of recommendations. Kindly seal it in the envelop provided; Send it us directly or return to the applicant. This document will be kept confidential. Thank you!

- How long have you known the applicant? _____ In what capacity: _____
- The last course of study the applicant completed successfully before he left your institution.
 S.S.L.C/10th P.D.C/+2/Diploma Undergraduate Post Graduate
- How would you rate the applicant's abilities in the following areas? Mark with in appropriate box.

	Not observed	Poor	Average	Good	Outstanding
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social congeniality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental cognizance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline & Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for studies at MIBC? _____

Signature _____

Name _____ Designation _____

Address _____

District _____ State _____ Pin _____

Phone: _____ Email: _____





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FINANCIAL SPONSORSHIP COMMITMENT FORM

Name of the Candidate _____

Address _____

Post Office _____ District _____

State _____ Country _____

PIN/Zip Code

--	--	--	--	--	--

 Phone No: _____

Desired Program of Study : _____

Agreement – Details below should be completed by the Sponsor: Church/Organization/Individual

I/We _____ hereby promise to

sponsor the studies of _____ (name of the

applicant) at Mission India Bible College, TVPM. I/We shall be responsible for all his/her financial matters related to the studies. I/We undertake the responsibility to clear all the dues one month before the end of each academic year and before the Graduation.

Signature _____

Address _____

Post Office _____

District _____

State _____

Country _____

Phone _____

Email _____

Place _____

Date _____

(Official Seal, if the Sponsor is an institution)



MISSION INDIA BIBLE COLLEGE

Mission India Campus, Mulayara P.O, Thiruvananthapuram –695 543, Kerala.

MEDICAL FORM

Name of the applicant: _____

Address _____

Post Office _____ District _____

State _____ Country _____ Pin Code

--	--	--	--	--	--

Any recognized/registered Doctor should fill the detail below.

1] Name of the Applicant: _____

2] Date of Birth: _____ Sex _____

3] Height: _____ Weight: _____ Is applicant over weight? Yes/No _____

General ENT

Eye Sight: _____

Prescription lenses Yes/N _____ Other Conditions: _____

4] Family History: _____

Hypertension: _____ Diabetes: _____

Blood Group: _____ Asthma: _____

Jaundice: _____ Operation: _____

Fits: _____ Allergy:(non-food) _____

Others: _____

Long Term treatment: _____

Food Allergy: _____

5] Past Treatment and Recommendations: _____

6] Current prescribed medication and why taken _____

7] Physical limitations: _____

Date: _____

Doctor's Signature
Seal



Personal Testimony

6 PT

Applicant's Full Name:

Family background:

What were the issues, problems and challenges in your personal life or in your home?



6 PT

How did hear the gospel? Who shared about Christ?

Is there any particular Bible verse that touched your life? How the message of the gospel did changed your life?

How did the transformation/change taken place in your hearts and lives?



6 PT

Did you receive Jesus Christ as your lord and savior? If then, When?

Have you received Water Baptism ? if then, When?

Do you feel that God is calling you for the ministry? If then, please explain

Do you have specific plans or goals for your theological studies? if then, Please explain it?

Applicant's Signature: _____

Date: _____ Contact Number: _____

