

“ The things which you heard from me in the presence of many witness, these things entrust to faithful people , who will be able to teach others also “ II Tim.2:2



The Lamb's Institute of Field Evangelism

Since 1996

Affiliation: **Senate of Sermpore** and Membership **ATA & IIM**
Training program of

India Field Evangelism

Registered with Govt. of Tamil Nadu in 1990 as Religious Charitable Trust
Banninga Memorial Building, CSI Compound, Pasumalai, Madurai 625004 Tamil Nadu.

Application No. _____

Phone: +91 452 2372239. Email. ife.life@gmail.com

Affix Passport size color Photo

Application Form

Tick✓ Applying course.

Senate of Serampore Courses

2 Year Diploma in Christian Studies **D.C.S**

4 Year Bachelor of Christian Studies **B.C.S**

ATA & IIM Courses

1 Year Christian Workers Course **C.W.C**

2 Year Diploma in Theology **Dip.Th.**

3 Year Bachelor of Theology **B.Th.**

3 Year Master of Divinity Course – For Secular Degrees. **M.Div.**

2 Year Master of Divinity Course – For ATA &IIM stream Degree **M.Div.**

Personal Information	Name of the Student in Capital:..... Sex: Male / Female Date of Birth: Day <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Age as on June 30 th <input type="checkbox"/> Marital Status : Married <input type="checkbox"/> Single <input type="checkbox"/> National Author Card No.----- If married name of your spouse: Occupation:..... Name of Children: 1.....2..... 3.....4.....
	Language Mother (Native) Tongue:----- Language of Education:----- Language : Speak----- Read and write:-----

Place Birth:	Village----- District ----- State----- Country:-----
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Background Information.	Name of Parent Father/Guardian : ----- Occupation:----- Yearly Income :Rs.-----
Permanent (Postal)Address	Street _____ Village/Town: _____ Post Office _____ PIN _____ District : _____ Taluk/Block: _____ State: _____ Country: _____ Phone: _____

<u>Academic Details</u>	Course	Name of the College	Month &Year of Passing Affiliation to	Grade
Secular				
Theological				

Church Information	Name of the Denomination : _____ Name of the Diocese (if applicable):..... Name of the Church _____ Place _____ Date of Baptism:----- (Attach copy of the Baptism Certificate) Name of the Pastor: _____ Mobile No. _____ (Attach letter of recommendation of the Concern Pastor/ Leader)
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Sponsor	Sponsoring Church/ Organization:----- Name of the Head of the Church//Organization----- Address: Street: _____ Village/ Town: _____ Post Office: _____ PIN <input style="width: 100px; height: 20px;" type="text"/> District: _____ Taluk/Block:: _____ State: Phone with STD Code: _____ Email ID:-----
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There are scholarships upto 75 % only

For Deserving Students

Need scholarship for Tuition:

Need scholarship for Board & Lodge

Scholarship

(Get the Scholarship Application from the Office and apply)

Give Two names and address for reference

One can be your Pastor / your Spiritual guide (who knows you for more than three years.)

1. Name: _____

2. Name: _____

Address: _____

Address _____

PIN Code

PIN Code

Mobile/land line

Mobile/land line

Use separate sheet of papers to write the following information and attach with application

*1. Share your Salvation Experience in details

*2. Are you sure that the Lord has called you for the Full Time ministry? If Yes How:

*3. What is the Goal of your life?

*4. Special talents like Singing, Preaching, Acting dramas and playing any musical Instruments.

I hereby assure you that all the particulars given above are correct to the best of my knowledge

Signature of the student

Signature of the Parent/Guardian

Date:.....

Place.....

Medical Report

To be filled by a Registered Medical Practitioner with the minimum qualification of MBBS

Medical History of the Candidate: Enquire about Tuberculosis and other infectious diseases and Venereal, Disease or any other disorders.

Comment of the certifying Doctor:

General appearance and health:

Other tests:

I hereby certify that under my thorough and personal examination and to the best of knowledge

..... who is applying to the Lamb's Institute of Field Evangelism, is free from and disease that could endanger others and physically and mentally fit to carry on the proposed studies.

Signature of the Doctor

Address with official seal

Date:.....

Agreement of the Student to the terms and conditions of the Institute.

I hereby assure in submission to the guidance of the Holy Spirit, that if I were admitted to the Lamb's Institute of Field Evangelism, will at all time conduct myself as a Christian, faithfully and diligently apply myself to the studies and connected activities, as required by the Institute and also submit to meet all the financial and obligations carefully observe the rules and regulations as set forth by the Institute and it Authorities .

I understand that these should be adhered through out my studies at the Institute.

Name in Capital Letters _____

Signature

Date.....

Office Use Only

Result of the Entrance test: BK GK English knowledge: Total

Student is Eligible to be admitted: CWC * Dip.Th.* B.Th. * M.Div.

Senate of Sempore Courses : D.C.S. * B.C.S... Residential / Non Residential

Admission No.....

College Register No.....

Certificates submitted 1.....Original/ Photo Copy 2.....Original/ Photo Copy3.....Original/ Photo copy.

Special Remarks

PRINCIPAL

DEAN