



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

# The Lamb's Institute of Field Evangelism

(Affiliated to the Senate Serampore (College) University, Founded by William Carey)

2/31 TPK Road Seminary Building, CSI Compound, Pasumalai, Madurai-625004. Tamil Nadu India.

Training Program of

## India Field Evangelism

### Application for First year of Bachelor of Theology (B.Th.)

1. Name in capital : \_\_\_\_\_

2. Gender : Female  Male  Others

3. Nationality : \_\_\_\_\_

4. Date of Birth & Age as on the date of application

5. Place of Birth : \_\_\_\_\_

6. Mother Tongue : \_\_\_\_\_

Other languages Known: \_\_\_\_\_

7. Aadhar No. \_\_\_\_\_

8. Postal Address:

House No. \_\_\_\_\_

Street : \_\_\_\_\_

Name of Town/Village: \_\_\_\_\_

Post Office: \_\_\_\_\_

Block: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Phone No. with STD Code: \_\_\_\_\_

Mobile No. Personal: \_\_\_\_\_

Father/Wife Personal: \_\_\_\_\_

Email: \_\_\_\_\_

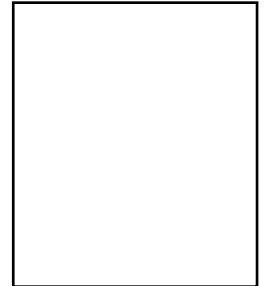
9. Name of the Father: \_\_\_\_\_

Mother : \_\_\_\_\_

Guardians : \_\_\_\_\_

10. Occupation of your Father : \_\_\_\_\_

Mother : \_\_\_\_\_



11. Marital Status : Married  Spinster / Bachelor  Divorce

If Married give name of the spouse : \_\_\_\_\_

Age : \_\_\_\_\_ Occupation : \_\_\_\_\_

No. of Children : \_\_\_\_\_

Name of Children: \_\_\_\_\_ Age : \_\_\_\_\_ Gender: Male/Female

\_\_\_\_\_ Age : \_\_\_\_\_ Gender : Male/Female

\_\_\_\_\_ Age : \_\_\_\_\_ Gender : Male/Female

12. Educational Qualification:

| Course | School / College / University | Passing of year and Month | Class | Grade |
|--------|-------------------------------|---------------------------|-------|-------|
|        |                               |                           |       |       |
|        |                               |                           |       |       |
|        |                               |                           |       |       |
|        |                               |                           |       |       |
|        |                               |                           |       |       |

13. Work Experience:

| Name of the Institution | Position held | Period of Service | Reason of Leaving |
|-------------------------|---------------|-------------------|-------------------|
|                         |               |                   |                   |

14. Church Affiliation :

Your Denomination: CSI  CNI  TELC  JELC  ALC  METHODIST  IELC  OTHERS (Specify)

Denomination : \_\_\_\_\_

Name of the Church: \_\_\_\_\_

Name of the Place : \_\_\_\_\_

Pastor Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

(For Membership Certificate and Recommendation Letter of the Pastor or The Committee should be attached)

15. Date of Baptism:

16. Date of Confirmation:

17. Sponsorship:

Are you sponsored by your Diocese / Church. Name : \_\_\_\_\_

18. If yes the kind of :

Sponsorship: 1. Sponsored with full financial support

2. Sponsored without financial support

3. Recommendation letter only

4. No objection certificate only

18. If your family or friends support you How much Yearly  Monthly

19. Give your personal experience with regard to: 1 Salvation and assurance of sins forgiven

20. How did you get the call of God for the ministry

(Give in writings the details for the above said experience in separate sheet and attach with application)

21. Your special talents or skills:

In singing  acting  skit playing musical Instruments  in Computer operating

Others :

22. Give two names of references below. One can be your teacher and another elder of your Church. (No family members and close relatives)

1. Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
PIN CODE:

Mobile No.

2. Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
PIN CODE:

Mobile No.

**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 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's Authorities.

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

**Name in Capital Letters** \_\_\_\_\_

**Signature**

**Date :** \_\_\_\_\_

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**Check list for Enclosures: Please Tick**

- |  |                          |
|--|--------------------------|
| a. Transfer Certificate (Original)                 | <input type="checkbox"/> |
| b. Photocopy of HSC Mark Sheet – 2 Copies          | <input type="checkbox"/> |
| c. Pastor's Letter (Original)                      | <input type="checkbox"/> |
| d. Bishop's Letter Original if needed              | <input type="checkbox"/> |
| e. Financial Guarantee Letter (Original) if needed | <input type="checkbox"/> |
| f. Two Copies of Passport Size Photographs         | <input type="checkbox"/> |
- (One affixed in the first page)

**Office Use Only**

Result of the Entrance Test:

Special Remarks:

PRINCIPAL

DEAN