

HOPE FOR ASIA BIBLE COLLEGE AND SEMINARY

Vengoor P. O., Ayur, Quilon, Kerala 691533, India Website : www.hfabcs.org **&** E-mail : kuttyo@msn.com **&** Phone : +91 474 2493254 Reg. No: B IV 76/1991 (Accredited by IATA)

"And the things that thou hast heard of me among many witnesses, the same commit thou to faithful men, who shall be able to teach others also" (II Timothy 2:2, KJV).

President/Founder Rev. (Dr.) Oommen George Kutty B. Th., M. Th., M.S.L., D.D., D.R.S.						
	e Read the Instruction Carefully. Complete This Application Form ctly and Return it Promptly for Approval.					
Cours	es: M. Div. Dip. Th. Cert. R. K. B. Th. C. Th.	Affix Photo				
1.	Full Name as in S.S.L.C.:					
2.	Date of Birth:					
3.	Mailing Address:					
	Pin Co	ode:				
4.	Father's Name:					
5.	Your Previous Education:					
6.	How Many Languages Do You Know Besides Your Mother Tongue?					
7.	Are Married Single Divorced					
8.	If Married How Many Children? Name/s:					
9.	Do You Have Any Disability? Medical Problem? Blood Type?					
10.	Do You Have Any Communicable Disease?					
11.	When Did You Accept Christ? Date:					
12.	What is Your Denominational Affiliation?					
13.	Since How Long?					
14.	What is Your Church's Name and Address?					

15.	Pasto	Pastor's Name:							
16.	(1)	(1) Have You Studied in Any Other Bible College/s Before?							
	(2)	(2) If Yes, Where, When, and How Long							
	(3)	(3) Have You Completed Your Studies? What Degree?							
	(4)	(4) If Not, What is the Reason							
17.	Do Y	Do You Have Any Court Case Pending Currently?							
18.	Do Y	Do You Play Any Musical Instrument/s? Any Technical Skill/s ?							
19.	Are Y	Are You Prepared to Serve the Lord Anywhere in India?							
20.	Give	Give Two Names of Persons Whom You Consider as Your Spiritual Mentors. Give Their Full							
	Addr	Addresses:							
	(1)_				(2)				
	E-ma	E-mail Addresses:							
	Telep	phone #s:							
	Mobi	ile:	Home: _		Mobile:	Home:			
		<u>COMMITMENT</u>							
And hesit	Semina ation or	accurate to t ry, I assure mental rese	the best of my lyou that I will	knowledge. If l comply with all isobey, the Sem	am accepted to study the rules and regulation	statements I have given are at Hope for Asia Bible College ons of the Seminary without any ake appropriate disciplinary			
		Date			Applica	nt's Signature			
Atter 1. 2. 3. 4. 5. 6.	Photo you a Two Your Pasto Docto Comj	o Copy of Y arrive at the Passport Ph Personal To or's Recomm or's Medica plete the Ap	Your SSLC/Coll Seminary). Notos estimony nendation Lette Il Report (Medi oplication Form	er ical Form Includ	s (Bring the Original C ded) ath the Application the	ertificates(s) with you when Fee of 50 Rupees by Postal			

MEDICAL FORM

Name:	
Date of Birth:	Sex:
Height:	Weight:
General:	
ENT:	
Skin:	
CVS:	
Blood Type:	
FAMILY HISTORY	
Hypertension:	Diabetes:
Tuberculosis:	Asthma:
Any Other Communicable Disease:	
PAST HISTORY	
Jaundice:	Operation/s:
Epilepsy:	Long Term Treatment:
Allergy to any drugs: C	urrent Treatment & Medication:
Intolerance or allergy to any food:	
LABORATORY REPORTS	
Past Treatment & Recommendations:	
Date:	Doctor's Signature
	Address:

FOR OFFICE USE ONLY

Date Application Received:

Result of Screening: Approved/Rejected

Remarks:

Mail Completed Application Form to: Dr. Oommen George Kutty (President) Hope for Asia Bible College and Seminary Vengoor P. O., Ayour, Kollam District,

Kerala - 691533