



# MOUNT ZION BIBLE SEMINARY

Mulakuzha P.O, Chengannur – 689 505, Kerala, India

Phone: +91 9947943584, 9747055357

Email: admissions.mzbs@gmail.com; Website: www.mountzionbibleseminary.com

## APPLICATION FORM (ONLINE)

Please answer all questions. Incomplete applications will be returned and will delay admission and registration process.

1. Please select the course to which you are applying

- ☐ M.Th in Practical Theology
- ☐ M.Div
- ☐ B.Th
- ☐ Dip.Th
- ☐ Other Certificate/Diploma/Bachelors Program

1.5" x 1.5"  
Photograph here

2. Please provide your full legal name

.....  
First Name

.....  
Middle Name

.....  
Surname

Maiden or other names which might appear on other official/academic records:  
.....

3. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Second Marriage

If married, Spouse's name: ..... No. of Children: .....

4. Name & Phone number of ☐ Parents or ☐ Guardian: .....

5. Date of Birth: Day: ..... Month: ..... Year: ..... CURRENT AGE: .....

6. Place of Birth: ..... GENDER: ☐ Male ☐ Female

7. Nationality: ..... COUNTRY: .....

8. Preferred Mailing Address: .....  
.....  
.....PIN: .....

9. Permanent Address (if different from above): .....  
.....  
.....PIN: .....

10. Home Phone: ..... Cell No: ..... Email: .....

11. Languages Known: First Language: .....  
Other languages you can speak/write: .....

12. CHURCH AFFILIATION: Denomination: .....

Name of the Church you currently attend: .....

Address: .....

Pastor's Name: ..... Church Phone No: .....

How long have you been a member of this church? .....

13. Name of your Current Employer: .....

Job Designation: .....

☐ Full Time    ☐ Part Time

14. List your educational qualifications:

| Course          | Name & Address of the<br>School/Institution/University | Years<br>Attended | Degree<br>Awarded | Honor<br>Received |
|-----------------|--------------------------------------------------------|-------------------|-------------------|-------------------|
| Class 10        |                                                        |                   | Yes/No            |                   |
| +2 / Pre-degree |                                                        |                   | Yes/No            |                   |
|                 |                                                        |                   | Yes/No            |                   |
|                 |                                                        |                   | Yes/No            |                   |
|                 |                                                        |                   | Yes/No            |                   |
|                 |                                                        |                   | Yes/No            |                   |
|                 |                                                        |                   | Yes/No            |                   |

*If you require more space, please use additional sheets of paper to include your qualifications. Original certificates must be produced during the time of admission.*

15. Have you ever applied to MZBS in the past? ☐ Yes ☐ No. If yes, please provide details: .....

16. Have you ever been denied admission to or been dismissed from any bible school or seminary? ☐ Yes ☐ No

If yes, please provide details: .....

17. Have you ever been convicted of a crime? ☐ Yes ☐ No. *If yes, please provide the details in a separate sheet.*

18. SPIRITUAL BIOGRAPHY QUESTIONS:

When did you receive Jesus Christ as your personal savior and Lord? .....

Have you been baptized in water by immersion? ☐ Yes ☐ Not yet. If yes, when: .....

Have you received the baptism in Holy Spirit with the evidence of speaking in other tongues?    ☐ Yes ☐ No

Do you keep a consistent devotional life (daily prayer and meditation on the Word)?                      ☐ Yes ☐ No

Why do you want to study at MZBS? .....

What has been your involvement in Christian service and how do you perceive your gifts for ministry? .....

19. MEDICAL / HEALTH – Please specify if you are under any regular medication or have any disease or disabilities: .....

20. REFERENCES. Provide full names and contact details of 3 references (Pastor / Spiritual Mentor, Former Employer, Teacher, Colleague/Friend). Family members or close relatives cannot be references.

| No. | Name & Position | Address | Phone | Email | Capacity Known |
|-----|-----------------|---------|-------|-------|----------------|
| 1   |                 |         |       |       |                |
| 2   |                 |         |       |       |                |
| 3   |                 |         |       |       |                |

21. FINANCIAL INFORMATION: Please include your sources of financial support for payment of the fee.

Admission/School/Tuition Fee: .....

Accommodation and Living Expenses: .....

I acknowledge that all the statements on this application are true to the best of my knowledge. If granted admission, I will abide by the rules and regulations of MZBS and will be responsible for any academic and financial requirements for the successful completion of the course enrolled.

Signature: .....

Date: .....

ALL APPLICANTS, in addition to the above completed form, are required to submit your personal testimony (in not more than 200 words). This form and all other supporting documents become the property of the seminary and may not be returned to the student, nor may they be used for any other purpose.

**CHECKLIST FOR THE APPLICANTS:**

- ☐ Completed Application Form
- ☐ Completed Reference / Recommendation Forms
- ☐ Personal Testimony
- ☐ Any additional information or data / attachments
- ☐ Copies of Degree Certificates and mark sheets.

**For Office Use Only:**

- ☐ In-person interview conducted.
- ☐ Verified degree certificates/mark sheets.
- ☐ All Forms Received
- ☐ References contacted.
- ☐ References received.
- ☐ Application Fee Paid

**ADMISSION COMMITTEE DECISION:**      ☐ Granted      ☐ Conditional Admission      ☐ Declined

REMARKS: ..... Date: .....



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## RECOMMENDATION FORM

Name of the Evaluator: .....

Designation/Position: .....

Address: .....

Phone: ..... Email: .....

Applicant Name: .....

The individual named above, an applicant to the Seminary has chosen you as

..... to aid us in evaluating his / her application  
(Academic/Employment Reference/Ministerial Evaluator)

for admission. The information you are requested to furnish is of vital importance to the applicant and to us and will be held in strict confidence. In answering the questions below and rating the applicant, please consider your role as indicated above. Kindly send us the filled form via email to [admissions.mzbs@gmail.com](mailto:admissions.mzbs@gmail.com) or directly in a sealed envelope to the Admissions Office. The applicant is not allowed to hand-carry this evaluation form. Your sincere and genuine responses to the questionnaire and cooperation in this process will be greatly appreciated.

Thank you and God bless.

**The Registrar**  
Admissions Office, MZBS

1. How long have you known the applicant? .....
2. How do you know the applicant? .....
3. Please comment on the applicant's
  - a. Moral Values/Character: .....
  - b. Potential as a Leader: .....
4. What specifically are his/her weak points or areas that need improvement? .....

| Characteristic               | Outstanding | Excellent | Good | Average | Poor | Not Observed |
|------------------------------|-------------|-----------|------|---------|------|--------------|
| Intellectual Capacity        |             |           |      |         |      |              |
| Clarity of Oral Expression   |             |           |      |         |      |              |
| Taking Initiatives           |             |           |      |         |      |              |
| Dependability                |             |           |      |         |      |              |
| Willingness to learn         |             |           |      |         |      |              |
| Leadership skills            |             |           |      |         |      |              |
| Emotional stability          |             |           |      |         |      |              |
| Diligence in Study or Habits |             |           |      |         |      |              |
| Moral Values / Integrity     |             |           |      |         |      |              |
| Respect for Authority        |             |           |      |         |      |              |

☐ I recommend the applicant very highly

☐ I recommend the applicant

☐ I recommend the applicant with reservation

☐ I do not recommend the applicant

Signature & Name: ..... Date: .....

**Note:** Please ensure to sign/seal on the closed flap of the envelope, once duly filled.