MOUNT ZION BIBLE SEMINARY

Mulakuzha P.O, Chengannur – 689 505, Kerala, India
Phone: +91 90748 08741; Email: admissions.mzbs@gmail.com;
Website: www.mountzionbibleseminary.org

APPLICATION FORM (ONLINE)

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

1.5" x 1.5"
Photograph here

1. Please select the course to which you are applying
   - ☐ M.Th in Practical Theology
   - ☐ M.Div
   - ☐ B.Th
   - ☐ Dip.Th
   - ☐ M.A in Theology
   - ☐ B.A in Theology
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. Date of Birth: Day: …… Month: …… Year: …… CURRENT AGE: ……
5. Place of Birth: …… GENDER: ☐ Male ☐ Female
6. Nationality: …… COUNTRY: ……
7. Preferred Mailing Address: ……

   ……

   ……PIN: ……
8. Permanent Address (if different from above): ……

   ……

   ……PIN: ……
9. Home Phone: …… Cell No: …… Email: ……
10. Name & Phone number of ☐ Parents or ☐ Guardian: ……
11. Address of Parent / Guardian: ……

    ……PIN: ……
12. Languages Known: First Language: ……

    Other languages you can speak/write: ……
13. 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? ……

14. Name of your Current Employer: ……

    Job Designation: …….. ☐ Full Time ☐ Part Time

15. List your educational qualifications:

Course	Name & Address of the School/Institution/University	Years Attended	Degree Awarded	Honor 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.

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

    ……

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

    If yes, please provide details: ……

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

19. 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? ……

    ……

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

21. 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					

22. 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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MINISTERIAL 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 **Ministerial Evaluator** to aid us in evaluating his / her application 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 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 long has the applicant been a member of your Church? ……
3. How do you know the applicant? ……
4. Please comment on the applicant's
   a. Moral Values/Character: ……
   b. Potential as a Leader: ……
5. What specifically are his/her weak points or areas that need improvement? ……
   ……

Characteristic	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					

6. Based on your information, do you think the application is able to pay his/her fees? Yes / No / Partially

☐ 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.*

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GENERAL 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 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.

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

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FINANCIAL SPONSORSHIP FORM

1. Name of the applicant: _____
2. Course Applied: _____
3. Are you sponsored by a church/organization/sponsoring agency? ☐Yes ☐No
   If yes, please state the name of the Sponsor or Body: _____
4. Address of the sponsoring Organization/Individual for paying your fees: _____

_____

Address:_____

Street _____Town/City_____

State: _____Pin code_____Country_____

Phone with STD/ISD Code_____Email_____

WORK SCHOLARSHIP

1. Are you applying for a MZBS work scholarship? ☐Yes ☐No
2. What is your family annual income? _____
3. What is your other source of Income? If any; Please mention _____
4. How much would you be able to pay? _____
5. What is your area of special work / skills/training / abilities? _____
6. Are you willing to work as per MZBS work scholarship requirement? ☐Yes ☐No

SPONSORSHIP STATEMENT

Kindly read the statement of sponsorship form. You are responsible to the institution to fulfill the financial commitment.

STUDENTS COMMITMENTS

I understand that I am responsible for paying the sum of Rs. _____ per year towards my fee MZBS. I expect to pay the same through the following source of income.

Sponsor	Rs. _____
Family	Rs. _____
Work Scholarship:	Rs. _____
Others (specify)	Rs. _____
TOTAL:	**Rs.** _____

Signature: _____Date: _____

SPONSOR'S COMMITMENT

I hereby solemnly undertake financial Support of Mr/Ms: _____

for one / two / three years as per the course fees at Mount Zion Bible Seminary.

Signature: _____ Seal: _____Date: _____

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MEDICAL CERTIFICATE OF PHYSICAL FITNESS

Name: _____ Age: _____ Gender: ☐ Male ☐ Female

HISTORY OF ANY PREVIOUS ILLNESS/MEDICATION

Jaundice: _____

Tuberculosis: _____

Congenital disorders: _____

Rheumatic Heart Disease: _____

Epilepsy: _____

Respiratory disorders: _____

GENERAL PHYSICAL EXAMINATION:

ENT Examination: _____

Eye: _____

Cardio-vascular system: _____

Respiratory system: _____

Abdominal examination: _____

Central nervous system: _____

LABORATORY EXAMINATION:

BLOOD Hb, TC, PC, ESR: _____

VDRL: _____ RBS: _____ Blood Group: _____

HBsAg: _____

STOOL – Occult blood: _____

Ova/Cyst: _____

URINE – Micro: _____

SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT:

As per my knowledge, the candidate is physically fit for an intensive study. Date: _____

Name: _____ (Doctors signature and Reg. No) _____

Address: _____

Street: _____ Town/City: _____

State: _____ Pin code: _____ Country: _____

Phone with STD/ISD Code: _____ Email: _____

To the Applicant: Please enclose all the reports of the medical examination along with your application form.