



GILGAL THEOLOGICAL SEMINARY

Govt. Reg. No.: 939/2006

Kirathoor - P.O, Kollemcode (via), K.K. Dist., Tamil Nadu, India. Pin : 629 160

Phone No: 04651-290458 (From 10:00 am- 4:00 pm), Mobile Number: 7598527004

E-mail: gilgalmissionindia@gmail.com Website: www.gilgaltheologicalseminary.org

Candidate Member of ATA and Accredited by IATA & City Vision University (USA)

APPLICATION FORM FOR ADMISSION

Please Indicate the Program		Dip. Th	Two Years Course	Affix Passport Size Photo
		B.Th	Three Years Course	
		M.Div	Two Years Course	
		M.Th	Two Years Course	
		Ph.D	Two Years Course	

1. Name (in block letters) _____

2. Present Address _____

House. No./Name

Post Office

City/district

State

Pin code

Country

3. Permanent Address _____

House. No./Name

Post Office

City/district

State

Pin code

Country

4. Mobile Number _____ Email Address _____

5. Date of Birth _____ Place of Birth _____

6. Gender: Male ☐ Female ☐

7. Marital Status : Single ☐ Married ☐

8. Name and Address of Father /Guardian _____

9. Mother Tongue _____. Other language (s) you speak, read and write _____

10. What are your special talents, hobbies or interests? _____

11. When did you accept Jesus Christ as your personal Savior and Lord? _____

12. What is your denomination name: _____

13. Name and Address of your Pastor/ Elder _____

14. List in chronological order all the institutions (high school, undergraduate or graduate), which you have attended since high school (including vocational training.)

Sl.No.	Degree	Name and Location of the Institution	Year of Study	Medium of Instruction	Year of Completion	GPA/ Class

15. Do you have any known health or physical problem which may hinder your study? _____

if so, please describe _____

16. Submit the following documents with the completed application

i.	Copy of your S.S.L.C Certificate (original certificate must be submitted)	Yes/ No
ii.	Three Passport size photo	Yes/ No
iii.	Admission fee must be paid at the time of admission	Yes/ No
iv.	ID Proof	Yes/ No
v.	Recommendation letter from your Church Pastor	Yes/ No
vi.	Your Testimony	Yes/ No

DECLARATION AND PLEDGE

I, _____, hereby, do declare that all the details, which are mentioned above, are true to the best of my knowledge. I assure that, if I am admitted, I will abide by the rules and regulations of Gilgal Theological Seminary.

Date:.....

Signature of the Applicant.....

FOR OFFICE USE ONLY

- a. When the application was received.....
- b. Has admission fee been paid.....
- c. Have all the required documents been submitted?.....
- d. Course admitted to.....
- e. Admission : Approved / Rejected.....
- f. Date of admission and number.....
- g. Remarks.....

Signature of Principal.....

Signature of Registrar.....