

# ASIA EVANGELICAL COLLEGE & SEMINARY

Return the Completed Application to:

The Dean of Admission, AECS, #146/2, St. Paul High School, Chelikere,

Kalyan Nagar –Post, Bangalore-560043, India

Ph: 080-41687031, 8310893255, 8618030566

[www.aecs-asia.com](http://www.aecs-asia.com) E-mail: [aecsec@hotmail.com](mailto:aecsec@hotmail.com), [aecsadmissions@gmail.com](mailto:aecsadmissions@gmail.com)

## APPLICATION FORM

Application for \_\_\_\_\_ Diploma in Theology  
\_\_\_\_\_ Bachelor of Ministry  
\_\_\_\_\_ Bachelor of Theology  
\_\_\_\_\_ Master of Ministry  
\_\_\_\_\_ Master of Divinity  
\_\_\_\_\_ Master in Biblical Studies  
\_\_\_\_\_ Doctor of Ministry

2X2  
PHOTOS  
(attach three)

1. Name: .....

*(Should be written in BLOCK letters as on your academic certificates)*

2. Age:.....Date of Birth: Day.....Month..... Year.....

3. Place of Birth :.....State:.....

4. Mother Tongue:.....

5. Language Known: 1.....Speak /Read/Write

2.....Speak/Read/Write

3.....Speak/Read/Write

6. Gender: Male :.....Female:.....

7. Present Address:.....

.....

8. Permanent Address: .....

.....

.....

Telephone: Home:.....Office:.....

Cell:.....Email:.....

9. If Married, Name of the Spouse:.....

Qualification:.....

Occupation:.....

10. Children Names Age Education Work

1.

2.

3.

11. Your Occupation: .....

12. Your Employer: .....

Address:.....

.....

Telephone:.....Email:.....

13. Your Qualification: Give details & attached photocopies of certificates

LEVEL	INSTITUTION	Year of Admission	Year of Graduation	Class/Division
High School				
Hr. Sec/PUC II Pass				
B.A/B. Sc/B/Com				
D.ip Th/G.Th B. Th/B.D/ M.Div/M. Th				

14. Submit your Original Transcripts & Certificates at Interview. Yes/No

15. Give a chronological listing of your work experiences thus far.

YEARS	INSTITUTION	OFFICE	WORK/POSITION

16. Financial details are given elsewhere in the Prospectus. Study it, answer each of these questions and attach official letters from concerned authorities to attest.

- Who will sponsor your studies? \_\_\_\_\_
- Who will pay your fees to AECS? \_\_\_\_\_
- To whom are you accountable for your studies? \_\_\_\_\_

17. Provide contact details of three persons whose reference to your suitability for this study. Are you sending?

a. A teacher who taught you who could attest your ability to study \_\_\_\_\_

b. A teacher who mention your previous and could attached your ability for research and writing  
\_\_\_\_\_

c. A pastor or mission leader who knows you well to attest your spiritual commitment and motivation in ministry to

qualify you for such study as this program involves. \_\_\_\_\_

### 18. Declaration and Pledge

I, \_\_\_\_\_ declare that all the information furnished in this application is true and correct.

- I understand that AECS sets a high standard of morality, spirituality, lifestyle, mission commitment and academic quality, and I promise to abide by and uphold it.
- I shall submit to AECS rules, regulations and decisions.
- I shall attend all the courses organize by the seminary, and participate in the study process as per the prescribed calendar with full cooperation.
- If my quality of work is judged lower than the expected norm, and if advice is furnished to discontinue my studies, I shall cooperate.
- I shall pay all dues of fees as expected by AECS without delay.
- I shall do all within my power to study without break and complete the course in the prescribe time.

\_\_\_\_\_  
**(Signature and Date)**

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## PASTOR’S REFERENCE

To the Applicant: Please fill in your name and forward this form to your Pastor for completion. The form should be completed by your Pastor and mailed directly to ‘The Dean of Admissions Asia Evangelical College & Seminary’.

Name of the Applicant:.....

The above applicant has applied to AECS for admission to the B. Min./ B. Th./ M. Min./ M. Div./ D. Min. course, and has been given your name as a reference. We would greatly appreciate your taking time to fill this form as objectively a possible. Kindly return it to us at the earliest. Your evaluation of the applicant will be Kept strictly confidential.

1. How long have you known the Applicant? .....
2. How long has the Applicant been a member of your church? .....
3. Is the Applicant related to you? Yes or No  
 If yes in what capacity.....  
 .....

Does he/she have any health problems that would hinder his/her studies at AECS? YES/ NO.

4. How would you rate the Applicant’s ability/calibre in the following areas :  
 (Indicate your assessment with a tick mark in one of the four columns)

Level	EXCELLENT	GOOD	AVERAGE	WEAK
Attitude to the Authority				
Ability to Study in English				
Ability to Work with Others				
Christian Character/Testimony				
Commitment to Ministry				
Leadership Ability				
Sense of Responsibility				
Willingness to Help Others				

Willingness to Learn & put into practice				
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5. How do you rate the applicant's financial status?  
Do you think he/she is?
  - Able to pay his/her fees. Yes/No
  - Would need some help Yes/No
  
6. If the Applicant needs financial help/ is unable to pay the fees, to what extent will your church be able to pay?
  - Take full responsibility Yes/No
  - Help partially Yes/No
  
7. In your opinion, what areas of the Applicant's life need special attention here at AECS?
  
8. In your estimate, what are the strengths and weaknesses in the Applicant's Personality and Character? (used separate sheet to answer this).
  
9. Please tick one of the following before signing your name
  - I strongly recommend the above applicant.
  - I recommend with some reservation.
  - I do not recommend.
 (Please furnish the following information about yourself)

Name:.....

Name of the Church and Denomination:.....

Position:.....

Address:.....

.....

Phone:.....Mobile:.....

E-mail:.....

Date:.....

Signature:.....

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## CHURCH LEADER’S REFERENCE

To the Applicant: Please fill in your name and forward this form to your Pastor for completion. The form should be completed by your Pastor and mailed directly to ‘The Dean of Admissions\_ Asia Evangelical College & Seminary’.

Name of the Applicant:.....

The above

applicant has applied to AECS for admission to the B. Min./ B. Th./ M. Min./ M. Div./ D. Min. course, and has been given your name as a reference. We would greatly appreciate your taking time to fill this form as objectively as possible. Kindly return it to us at the earliest. Your evaluation of the applicant will be Kept strictly confidential.

- 10. How long have you known the Applicant? .....
- 11. How long has the Applicant been a member of your church? .....
- 12. Is the Applicant related to you? Yes or No  
 If yes in what capacity.....  
 .....

Does he/she have any health problems that would hinder his/her studies at AECS? YES/ NO.

- 13. How would you rate the Applicant’s ability/calibre in the following areas :  
 (Indicate your assessment with a tick mark in one of the four columns)

Level	EXCELLENT	GOOD	AVERAGE	WEAK
Attitude to the Authority				
Ability to Study in English				
Ability to Work with Others				
Christian Character/Testimony				
Commitment to Ministry				
Leadership Ability				
Sense of Responsibility				
Willingness to Help Others				

Willingness to Learn & put into practice				
--	--	--	--	--

14. How do you rate the applicant's financial status?  
Do you think he/she is?
- Able to pay his/her fees. Yes/No
  - Would need some help Yes/No
15. If the Applicant needs financial help/ is unable to pay the fees, to what extent will your church be able to pay?
- Take full responsibility Yes/No
  - Help partially Yes/No
16. In your opinion, what areas of the Applicant's life need special attention here at AECS?
17. In your estimate, what are the strengths and weaknesses in the Applicant's Personality and Character? (used separate sheet to answer this).
18. Please tick one of the following before signing your name
- I strongly recommend the above applicant.
- I recommend with some reservation.
- I do not recommend.
- (Please furnish the following information about yourself)

Name:.....

Name of the Church and Denomination:.....

Position:.....

Address:.....

.....

Phone:.....Mobile:.....

E-mail:.....

Date:.....

Signature:.....

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## FINANCIAL GUARANTEE FORM

**To the Applicant:** Please fill in your name and forward this form to the person/organisation taking responsibility for paying your fees at AECS. If you are self-sponsored, you may fill the form by yourself. The complete form should be mailed directly to 'the Dean of Admissions, Asia Evangelical College & Seminary'.

Name of the Applicant:.....

Course for which applied: Dip. Th./B.Min./B. Th. /M.Min./ M. Div. / M.Th./ D. Min.

This form must be duly filled and signed by the sponsor of the student and returned to the College by the student along with his application for admission. The student is required to pay his/her fees in full at the time of admission to AECS. All payments must be made directly to the Admission Office.

### 1. Answer Either A or B

A. Name of the Sponsor : ( If sponsored by Individual/family) .....

Address:.....

B. Name of authorized executive of sponsoring body (church/ Agency) .....

Address:.....

### 2. Duration of sponsorship ( Please circle one of the following )

1 Year

2 Years

3 Years

5 Years

Kindly treat the statement of sponsorship with utmost seriousness because the college may hold you responsible to fulfill the financial obligation.

**Statement of Sponsorship:** I hereby solemnly undertake the full financial sponsorship of.....upon his/her admission to Asia Evangelical College & Seminary in accordance with the terms stipulated above.

Signature:.....

Date:.....

Office Seal of  
Sponsoring Organization