

**DISCIPLESHIP BIBLE COLLEGE**

**Regd. No. RS/470 of 1982-1983**

*Accredited by Asia Theological Association*

*Recognized by NBCC*

Post Box-36, Mt. Miracles, Signal Angami Village,

Dimapur - 797 112, Nagaland, India

Mob. +91 6909301981; Email – [discipleshipbiblecollege@gmail.com](mailto:discipleshipbiblecollege@gmail.com) , Website: [dbcdimapur.org.in](http://dbcdimapur.org.in)

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**APPLICATION FORM**

Paste a  
recent  
Photo

Sl. No. ....

Tick the courses for which admission is sought:

M. TH (B.D/M.Div) Old Testament [  ] Christian Theology [  ] Missiology [  ]

M. Div (Graduate or Equivalent) 3 years [  ] 2 years [  ]

B Th (10+2 Passed) [  ]

Diploma (10 Passed) [  ]

**A. PERSONAL INFORMATION**

1. Name (in block letters): .....
2. Mobile no: .....Date of Birth:.....
3. Father's Name: .....
4. Parents Mobile no.....
5. Community:.....
6. Church Membership .....
7. Nationality:.....
8. Present Address:.....  
.....
9. Permanent Address: .....
- .....
10. Guardian's Name & Address in Dimapur with Phone No: .....
- .....

**For Official Use**

Accepted [  ]  
Waited list [  ]  
Not accepted [  ]  
Reason of rejection :

Academic Dean

**B. ACADEMIC INFORMATION**

1. Your previous institutions and educational qualifications:

Sl. No.	Name of the School/College	Educational qualification	Year of passing	Medium of instruction	Division
1		Class X			
2		Class XII/ Diploma			
3		B.Th.,B.A., B.Sc.,B.Com			
4		B.D/ M. Div			

**C. REFERENCES:**

Please indicate the names and addresses of two persons who are known to you and can provide confidential report about you. (They should not be one who is your parents, family members or close relatives)

a. Pastor's Name & Address:

.....  
.....  
.....

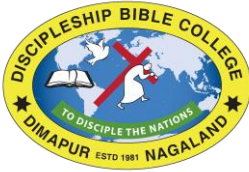
b. One of your Teachers/Lecturers/Professors' Name & Address:

.....  
.....  
.....

**D. DECLARATION OF PLEDGE:**

I ....., hereby declare that all the information given above is true and correct to the best of my knowledge. I promise to pursue at all times the studies as required by the college curriculum, promptly meet all the financial needs and carefully abide by the rules and regulations of the college and its faculty and co-operate, with the help of God the Father, the Son and the Holy Spirit in all Christian moral life and maintain the best of academic performance and submit to the decisions regarding me by the college authority, while a student of the DBC.

\_\_\_\_\_  
Date & Signature of the Applicant



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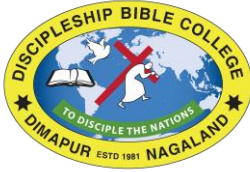
**MEDICAL CERTIFICATE**

1. Name of the Applicant: .....
  
2. History of any previous illness?
  - a. Jaundice .....
  - b. Tuberculosis .....
  - c. Epilepsy .....
  - d. Any infectious disease .....
  
3. Blood Group : .....
  
4. Doctor's remark:  
.....  
.....  
.....  
.....

\_\_\_\_\_  
Date & Signature of the doctor

Seal:

Note: Student shall be sent for further medical test if required by the college authority.



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**PASTOR'S RECOMMENDATION FORM**

I do hereby certify that Mr/Ms \_\_\_\_\_ son/daughter  
of \_\_\_\_\_ is a baptized  
member of \_\_\_\_\_ (Church)

*Please tick the most appropriate one (ONE only)*

The Applicant does not bear good testimony and I have reservations to recommend him/her for theological studies.

The applicant bears good testimony and I recommend him/her for theological studies.

The applicant is a promising leader in my church and I strongly recommend him/her for theological studies.

Date:

Name \_\_\_\_\_

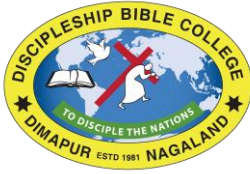
Signature \_\_\_\_\_

Mobile no \_\_\_\_\_

Address \_\_\_\_\_

**Note:**

Kindly seal/enclosed this form in an envelope and return to the applicant or mail directly to Academic Dean, **Discipleship Bible College, P.O Box-36, Signal Angami Village, Dimapur-797112, Nagaland.**



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**CONSENT LETTER**

I, Mr./Mrs. \_\_\_\_\_ hereby give my

consent for my son/daughter/ward \_\_\_\_\_

to undergo any emergency surgery as, and when necessary, and that the college authority may exercise full authority in making decision.

Date:

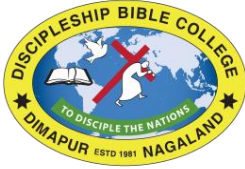
Name \_\_\_\_\_

Signature \_\_\_\_\_

Mobile no \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



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**DECLARATION OF SPONSOR (S)**

**Name of the Sponsor (s)**

\_\_\_\_\_

I/We agree to be responsible for the applicant

\_\_\_\_\_

and will pay all necessary and legitimate expenses for his/her studies and to reimburse the college for any expenditure incurred on his/her behalf.

Date:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Mobile no \_\_\_\_\_

**(if sponsor is a church or organization)**

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_