



EVANGELICAL THEOLOGICAL SEMINARY

A School of

ASIAN CHRISTIAN ACADEMY OF INDIA

No. :

APPLICATION FOR ADMISSION TO M.Th / MBS STUDIES

Return to : **The Registrar, ACA, ETS, Jeemangalam, Bagalur P.O., Hosur, Tamil Nadu – 635 103, INDIA.**

Phone: 04344-254205, 329526 Email: acaindia@gmail.com website: www.acaindia.org

Tick the Desired Degree Program <input type="checkbox"/> Master of Theology (M.Th) <input type="checkbox"/> Master of Biblical Studies (MBS)	(For Office Use only)		Student Reg. No.		
	<input type="checkbox"/> Selected <input type="checkbox"/> Reserved <input type="checkbox"/> Rejected				

I. PERSONAL INFORMATION		First Name	Middle Name	Last Name
Name (IN BLOCK LETTERS) (As appear in official documents)	:			
Gender	:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	:	____ / ____ / ____		
Place of Birth	:	.....	
State	:	.....	
Nationality	:	.....	
If not Indian citizen, under what Visa category do you come?	:	.....	
Duration of VISA	:	.....	
Present Mailing Address	:	.....	
Permanent Mailing Address	:	.....	
Telephone Number	:	.....	Mobile:	.....
Email Id	:	.....	
May we correspond with you via e-mail?:	:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status	:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
If you are single, do you plan to be married during the study period?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you agree to inform ETS authorities of any change in your marital status?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Languages Known	:	.....	
Mother Tongue	:	.....	

Affix your passport size photo

II. CHURCH BACKGROUND	[Attach a recommendation letter from your local church along with application]		
In which local church are you a member? (give name and location).....			
With what denomination is this church affiliated?			
What specific area of ministry / work by choice or by appointment are you involved in your church?.....			
Are you Ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financially supported <input type="checkbox"/> Yes <input type="checkbox"/> No	

III. ACADEMIC / PROFESSIONAL QUALIFICATION

(Give complete record of all schools attended from High School. Enclose copies of Matriculation, Plus Two & Degree Certificates, Mark Lists and Conduct Certificates with the Application)

Secular Studies

Study/Degree Program	Name of Board/University	Location/Place	Month/Year attended	Graduated Yes / No	Month/Year Graduated

Theological Studies

Study/Degree Program	Name of Institution	Location/Place	Month/Year attended	Graduated Yes / No	Month/Year Graduated

Thesis or Research Topic written for Theological Studies (if any).....

Are you applying to any other Seminary, Post Graduate or Professional Institution other than ETS? Yes No

What study program?.....

Where?.....

IV. REFERENCES

Give names and complete address of three persons whom you have selected as your references. See the attached letter from the Registrar.

Pastor or Church Leader Reference

Name:..... Address:.....
 Phone:..... Mobile:..... Email:.....

College or Seminary Professor or Head of Institution/Organisation

Name:..... Address:.....
 Phone:..... Mobile:..... Email:.....

Employer or Business Person or the person who most influenced your decision to apply at ETS

Name:..... Address:.....
 Phone:..... Mobile:..... Email:.....

V. FINANCIAL INFORMATION

(see the enclosed letter from the Registrar)

Do you have a sponsor for your study? Yes [Specify who.....] No

If you do not have a sponsor who will support you financially while at seminary?.....

How much monthly financial support will you receive while at seminary? Rs..... \$.....

Are you able to meet the financial requirements for your studies? Yes No

Explain.....

VI. FAMILY INFORMATION

About Parents

Father's Name : Age.....
Occupation :
Mother's Name : Age.....
Occupation :
Contact Address :
Telephone.....Mob.....Email:.....

Are your parents believers in Jesus Christ : Yes No

About Spouse *(only for married applicants - copy of marriage certificate must be enclosed with Application)*

Name : Date of Birth : ____ / ____ / ____
Nationality : State :
Mother Tongue : Academic/professional Qualification:.....
Occupation : Place of Work:
Church / Denomination:
Is your spouse supportive of your Theological Study? : Yes No
Is your spouse applying for study at ETS? : Yes No
Do you require family accommodation at ETS? : Yes No

About Children

Name and age of children : 1
2
3
4

Do you require admission for children at the school of ACA? Yes No

If 'yes' state to which class/classes :

VII. SPIRITUAL IDENTITY

Religious faith followed since birth :
Christian by faith since the year :
Have you taken believer's baptism : Yes No
Has God called you to His service? : Yes No Not sure/not known
If 'Yes' Into what area of service do you think God has called you? To be a pastor/elder/administrator
 To be a Teacher To be an evangelist/missionary/church planter To be a Preacher/ Prophet
Any other [specify]:.....
Your spiritual gift is
Your special talent : in music in arts in sports, any other.....
Your special hobby / interest.....
Did you read the doctrinal statement of ETS? Yes No
Do you agree with the doctrinal statement of ETS? Yes No
If there are areas of disagreements, state what.....
If there are areas in which you have not formed an opinion, state what.....

VIII . WORK EXPERIENCE

[Enclose any relevant work experience certificates with application]

List types of secular employment / business you were engaged in :

- 1.....
- 2.....
- 3.....

Are you currently employed? Yes No

If 'yes' position & work:.....

Have you actively participated in any Christian organization or ministry? Yes No

If 'yes' specify place & position.....

IX. HEALTH INFORMATION

Blood group: Height..... Weight.....

Any chronic illness / Physical Disability Allergic to.....

Have you ever been under psychiatric care? Yes (Give details on a seperate sheet) No

Are you on any prolonged medicinal use? Yes (Give details on a seperate sheet) No

Do you have any problem with vision or hearing? Yes (Give details on a seperate sheet) No

Do you use tobacco? Yes No Intoxicant Yes No Narcotics Yes No

Do you suffer from sleeplessness? Yes No Any other medical problems :(Give details on a seperate sheet)

X. CHECK LIST FOR APPLICANT

- All questions answered Religious Autobiography enclosed
- All certificates / documents enclosed Church Letter enclosed

Note: ♦ **Incomplete application will not be considered for processing.**
♦ **All the necessary documents must be attached with the application.**

I promise, in submission to the Holy Spirit's guidance, that if admitted to the ACA ETS I will at all times conduct myself as a Christian, faithfully and diligently apply myself to the studies as required by the Seminary curriculum, promptly meet all financial and other obligations, and carefully observe the rules and regulations as set forth by the Seminary and its faculty. All the above informations are true to the best of my knowledge.

Name :

Date : Signature :

For office use only

Application Received on ____ / ____ / ____

Expected Year of Graduation:

Date of Entrance Exam : ____ / ____ / ____

Information sent : Yes No

Degree program chosen:

Reserved for :

Academic Qualification :

Documents needed.....

Year of Commencement of study:

Remarks:.....