

Kor-In Theological College & Seminary

(Accredited by Asia Theological Association)

Vadagur, Kembodi Post, Kolar – 563103, Karnataka, India

Office: 08152-245322, 08152-295322, E-mail: korinseminary@gmail.com

Website: www.kor-inmission.org

Paste your
Passport size
Photograph
here

APPLICATION FORM FOR ADMISSION

Please read carefully through the Application form before you fill in your details. The required information should be filled in your own handwriting and signed by you in the column provided at the end. Incomplete applications will be rejected.

Tick the course you are applying for:

Bachelor of Ministry Master of Ministry

Bachelor of Theology (ATA) Master of Divinity (ATA)

Xerox of the following documents must be attached with this application form.

1. Birth Certificate (Nativity Certificate)/Aadhar card Xerox.
2. Personal testimony (in the applicant's own handwriting).
3. Medical fitness Certificate from a qualified doctor.
4. Marks transcripts from all the institutions the applicant has studied in.
5. Recommendation letter: a) From your Pastor, b) Two Christian Leaders.
6. One additional Passport size photograph of the applicant.

1. Name (Official name): _____

2. Sex: Male Female . Date of Birth : _____ Age: _____

3. Father/Guardian's Name : _____

4. Home Address:

Village/Street: _____

Post: _____ Dist./City: _____

State: _____ Pin code: _____

Phone/Mobile: _____ Email: _____

5. Marital status: Single Married

6. If married, name & age of spouse _____ Number of children _____

7. Secular Qualifications

Name and Address of the School/College	Degrees/Diplomas received	Year of Graduation

8. Theological qualifications

Name and Address of the School/College	Degrees/Diplomas received	Year of Graduation

9. Are you born again? Yes / No

10. Have you been baptized? Yes / No If yes, give the date _____

11. Your present occupation _____

12. What is your Denominational background? _____

13. What is your role in your Church? _____

14. Name of your Pastor _____

15. List some of your extracurricular activities _____

16. What is your mother tongue? _____

17. Other languages you can speak/ read/ write _____

18. Give the name and address of your sponsor during your study period if you are given admission

Name: _____ E-mail: _____

Address: _____

City / Dist: _____ State _____

Pin code _____ Ph. No _____

19. Give the name, address, e-mail and phone numbers of two Christian leaders for reference

a. Name: _____ E-mail: _____

Address: _____

City / Dist: _____ State _____

Pin code _____ Ph. No _____

b. Name: _____ E-mail: _____

Address: _____

City / Dist: _____ State _____

Pin code _____ Ph. No _____

The information given above is true to the best of my knowledge. The college may cancel my admission if it is found out that any of the information given above is false. I am willing to abide by all the rules and regulations of the college and be obedient, faithful and co-operative with the administration.

Date: _____ / _____ / _____

Applicant's Signature

FOR OFFICE USE ONLY

1. Name of the Applicant _____

2. Course applied for B.Th / B.Min / M.Div / M.Min

3. Application Number _____

4. Entrance Examination Marks

a. English : _____ b. General Knowledge: _____ C. Bible: _____

b. Status of admission & Remarks (Admission granted or Admission rejected)

c. If admission granted, Class to which admission is granted _____

Registrar

Principal

Academic Dean

Kor-In Theological College & Seminary

Vadagur, Kembodi Post, Kolar – 563103, Karnataka, India

Office : 08152-245322, 08152-295322, E-mail: korinseminary@gmail.com

FORM – C

Recommendation from Christian Leader/Bible College Teacher

Dear applicant, please write your name and give this form to your Leader/Teacher to fill up and send it directly to Seminary. Supply a stamp affixed and College addressed envelope to the Leader/Teacher.

Dear Pastor, The applicant has applied to Kor-In College for admission please fill up this form with your signature, seal and send it directly to the Registrar This will be kept confidential.

Name of the Applicant _____

1. How long have you known the applicant?

2. How well do you know the background of the applicant?

3. What are some major areas of contribution of the applicant in your Church programs?

4. What are the applicant's specific gifts and talents?

5. What are some areas of weaknesses of the applicant?

6. Give your evaluation of the applicant in the following areas(Tick in the appropriate box)

a) Physical Health

Excellent Average Below average Poor Unknown

b) Emotional Stability

Excellent Average Below average Poor Unknown

c) Reputation in the Church

Excellent Average Below average Poor Unknown

d) Intellectual Ability

Excellent Average Below average Poor Unknown

Name and address of the Pastor

Name: _____

Village/Street: _____

Post: _____ Dist./City: _____

State: _____ Pin code: _____

Phone/Mobile _____ Email _____

Signature & Seal of the Christian Leader

Date _____

Please send this form directly to:

The Registrar
Kor-In Theological College & Seminary
Vadagur, Kembodi Post, Kolar- 563103
Karnataka

Kor-In Theological College & Seminary

Vadagur, Kembodi Post, Kolar – 563103, Karnataka, India

Office : 08152-245322, 08152-295322, E-mail: korinseminary@gmail.com

FORM –B

Recommendation from Christian Leader/Bible College Teacher

Dear applicant, please write your name and give this form to your Leader/Teacher to fill up and send it directly to Seminary. Supply a stamp affixed and College addressed envelope to the Leader/Teacher.

Dear Pastor, The applicant has applied to Kor-In College for admission please fill up this form with your signature, seal and send it directly to the Registrar This will be kept confidential.

Name of the Applicant _____

1. How long have you known the applicant?

2. How well do you know the background of the applicant?

3. What are some major areas of contribution of the applicant in your Church programs?

4. What are the applicant's specific gifts and talents?

5. What are some areas of weaknesses of the applicant?

6. Give your evaluation of the applicant in the following areas(Tick in the appropriate box)

a) Physical Health

Excellent Average Below average Poor Unknown

b) Emotional Stability

Excellent Average Below average Poor Unknown

c) Reputation in the Church

Excellent Average Below average Poor Unknown

d) Intellectual Ability

Excellent Average Below average Poor Unknown

Name and address of the Pastor

Name: _____

Village/Street: _____

Post: _____ Dist./City: _____

State: _____ Pin code: _____

Phone/Mobile _____ Email _____

Signature & Seal of the Christian Leader

Date _____

Please send this form directly to:

The Registrar
Kor-In Theological College & Seminary
Vadagur, Kembodi Post, Kolar- 563103
Karnataka

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FORM –A

RECOMMENDATION FROM PASTOR

Dear applicant, please write your name and give this form to your Pastor to fill up and send it directly to Seminary. Supply a stamp affixed and College addressed envelope to the Pastor.

Dear Pastor, The applicant has applied to Kor-In College for admission please fill up this form with your signature, seal and send it directly to the Registrar This will be kept confidential.

Name of the Applicant _____

1. How long have you known the applicant?

2. How well do you know the background of the applicant?

3. What are some major areas of contribution of the applicant in your Church programs?

4. What are the applicant's specific gifts and talents?

5. What are some areas of weaknesses of the applicant?

6. Give your evaluation of the applicant in the following areas(Tick in the appropriate box)

a) Physical Health

Excellent Average Below average Poor Unknown

b) Emotional Stability

Excellent Average Below average Poor Unknown

c) Reputation in the Church

Excellent Average Below average Poor Unknown

d) Intellectual Ability

Excellent Average Below average Poor Unknown

Name and address of the Pastor

Name: _____

Village/Street: _____

Post: _____ Dist./City: _____

State: _____ Pin code: _____

Phone/Mobile _____ Email _____

Signature & Seal of the Christian Leader

Date _____

Please send this form directly to:

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Karnataka