

Lalitpur-18 Nepal, G.P.O. BOX 8975, E.P.C.1823

Email: eccnepal193@gmail.com

Tel: +977-1-5590116

APPLICATION FORM FOR			
☐ Diploma of Practical Christianity	Passport		
☐ Bachelor of Ministry	Size		
Graduate Diploma in Ministry	Photo		
☐ Master of Divinity			
1. Personal Details (Use Capital letter)			
First Name: Middle Name: Last Name:			
Mob/Tele No Email			
Date of Birth Age Gender:			
Primary Language/Mother Tongue:			
Secondary Language:			
Permanent Address			
Village/Town: Ward No:			
VDC/Municipality:			
Province/State: Country:			
Parent/Guardian's Details			
Name of the Parent/Guardian:			
Occupation of Parent/Guardian:			
Contact No.:			

2. ACADEMIC QUALIFICATIONS

(List Schools/Colleges studied from standard X)

				Marks/Grade
High school/SLC				
Intermediate/+2				
B.A/B.Ed/B/Com				
B.Th				
Note: (Attach photoc	opies of Mark sheets of Cla	ss X, Plus Two, I	3.A , M.A etc)	
Have you attended any	Bible College or Seminary	before?		
Yes () No ()			
If yes, the course you	attended:			
If you have disconnect	ted any Bible Course, give re	ason for it		
ii you have disconnect	ed any blote course, give re	ason 101 it	•••••	
	AMELIC			
3. MARITAL STA	ATUS			
Single () N	Married ()			
Date of Marriage				
Spouse's Full Name	2:	. Spouse's Date of	Birth:	
If you have children	n, how many?			
Ž	•			
4. DENOMINATI	ONAL AFFILIATION			
Name of local cong	regation where you are mem	iber		
Address:				
Since when are you	a member of this Church?.			
Name of the Pastor	and Address			

Name of School/College

Class/Degree

Obtained

Marks/Grade

Year

5. FINANCIAL INFORMATION

How do you plan to support yourself during	your period of study?
Self-supporting:	
If not self supporting, who will support you?	
Furnish Name and Address of your sponsor:	
	ng to pay your fee; direct to the college during
6. FURTHER DETAILS	
Name of the person who introduced you to t	his College:
Are you willing to abide by the Rules and Re	egulations laid down by the College?
Yes () No ()	
	gical Studies
	ber of Evangelical Christian College faculty or staff?
7. DECLARATION	
College authorities and that I shall endeavor to p	observe all the rules and regulations prescribed by the promote, strengthen and uphold the spirit of Christian at question any decision taken by authorities and
Countersigned by:	Signature of student
1) Pastor:	Signature:
2) Sponsor:	Full Name:
3) Father/Mother/Guardian/Husband:	Signed Date:

8. OTHER DOCUMENTS TO BE FURNISHED ALONG WITH THIS FORM

- 1. Personal Testimony
- 2. Copies of all academic certificates (originals to be presented at interview)
- 3. Copies of any other credentials/experience certificates
- 4. Two Reference Forms
 - By your Pastor who knows you very well and can recommend for your theological education.
 - By your leader from your church who knows you very well and can recommend for your theological education.

(Reference Forms are enclosed with the Application form and to be sent separately by post to the Registrar ECC).

5. Two copies of photograph.

FOR OFFICE USE ONLY

1.	Application received on:
2.	Candidate's Code:
3.	Application Fee:
4.	Receipt No. & Date:
5.	Interview on:
6.	Place of Interview:
7.	Certificates Verified:
8.	Documents Pending:
9.	Remarks, assessments, concerns:
10.	Signed by:
	1
	2

Lalitpur-18 Nepal, G.P.O. BOX 8975, E.P.C.1823 Email: eccnepal193@gmail.com

Tel: +977-1-5590116

REFERENCE LETTER NO. 1 PASTORAL REFERENCE

(To be filled in by the candidate's local Pastor and sent directly to the Office of Admissions in the envelope provided)

Name of the candidate applying for admission
Name of the Local Pastor
Address
Denomination:
How long you have known the applicant?
Do you have any reservations about recommending this applicant?
Make a brief statement of your evaluation of this applicant about his/her character, gifts, intelligence,
and any other pertinent information you may wish to provide
Signature of Pastor

Lalitpur-18 Nepal, G.P.O. BOX 8975, E.P.C.1823 Email: <u>eccnepal193@gmail.com</u> Tel: +977-1-5590116

REFERENCE LETTER NO. 2 CHURCH LEADER REFERENCE

(To be filled in by the candidate's local Church Leader and sent directly to the Office of Admissions in the envelope provided)
Name of the candidate applying for admission
Name of the Local Church leader
Address
Denomination:
How long you have known the applicant?
Trow long you have known the applicant:
Do you have any reservations about recommending this applicant?
Make a brief statement of your evaluation of this applicant about his/her character, gifts, intelligence, and any other pertinent information you may wish to provide
Signature of Church Leader
Signature of Church Leader

Lalitpur-18 Nepal, G.P.O. BOX 8975, E.P.C.1823 Email: eccnepal193@gmail.com

Tel: +977-1-5590116

MEDICAL CERTIFICATE OF FITNESS

(To be filled by Registered Medical Practitioner)

Name	Age Gender
History of Medical Illness	
Any Significant Family History	
General Physical Examination	
Anemia Jaundice Lymphaden	opathy C.V.S. Exam
Nutritional StatusRe	sp. Exam
Pulse Blood Pressure	Diabetic
Abd. Exam Other	
INVESTIGATIONS	
 Hemoglobin Blood Group 	3. TLC
5. Any other Special test (if so, give details)	
DECLARATION: Having personally examined Mr.	/Mrs./ Miss
I hereby certify that to the best of my knowledge this is/is not from any contagious/infectious disease and is above-mentioned seminary.	
OTHER REMARKS	
Doctor's Signature:	Address:
Doctor's Name:	Reg. No: