



# GREAT HARVEST BIBLE COLLEGE

(Accredited by Asia Theological Association)

Address: No. 4, Church Street, Morai Main Road, Morai, Avadi, Chennai – 600055

e-mail: ghbcindia@gmail.com Website: greatharvestbiblecollege.com

Phone: 9710008999, 9841756533, 8939777796.

## APPLICATION FOR ADMISSION

Tick the course you are applying for:

### Courses Offered:

<input type="checkbox"/>	Master of Divinity (3 years) any Degree (English medium)
<input type="checkbox"/>	Bachelor of Theology (3 years) +12 Passed (English medium)
<input type="checkbox"/>	Diploma in Theology (2 year) 10 <sup>th</sup> Passed (English medium)
<input type="checkbox"/>	Diploma in Theology (2 year) 10 <sup>th</sup> Passed (Tamil medium)
<input type="checkbox"/>	Certificate in Theology (1 year, English) Basic reading and writing Skills

### THE APPLICATION MUST BE FILLED IN CAPITAL LETTERS ONLY

1. Full Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Age & Date of Birth: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

2. Name and address of father/mother/guardian: \_\_\_\_\_

Occupation of your father: \_\_\_\_\_, Mother: \_\_\_\_\_

3. Marital Status of the Student:  Single  Engaged  Married (Please Tick)

### FOR OFFICE USE

Application no:  Received on:

Acknowledgment sent: Yes  No

Evaluation: First  Second  Entrance Exam Result: \_\_\_\_\_

Admission Fee Paid: Yes  No  Enrolment No. :

Admission Granted

YES  NO

4. Permanent address: \_\_\_\_\_  
\_\_\_\_\_

5. Educational Qualification:

Course of Study	Subject	Period of study (From which year to which year)	Percentage of marks scored

5. Mention the languages that you know: \_\_\_\_\_

6. Have you accepted Jesus as your Personal Saviour? \_\_\_\_\_ when \_\_\_\_\_

7. Are you baptized (Immersion)? \_\_\_\_\_ If yes, when? \_\_\_\_\_

8. What is your Church affiliation? \_\_\_\_\_

9. Name and Address of your local church: \_\_\_\_\_  
\_\_\_\_\_

10. Name and Address of your local church pastor \_\_\_\_\_  
\_\_\_\_\_

11. How long have you been a member of this church? \_\_\_\_\_

12. What is your present involvement in your church/any other ministry? \_\_\_\_\_

13. Do you have the assurance of being called for full time ministry? \_\_\_\_\_

14. Have you received any theological training? (Please tick one)

If yes: Diploma/Degree you have completed \_\_\_\_\_

15. Name and address of the institution you have studied:  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Course: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

16. Have you ever discontinued any course of study?

If yes, state the reason \_\_\_\_\_

Name of the institution \_\_\_\_\_

17. Have you ever used drugs/liquor/tobacco in any form? (Please tick one) Yes  No

If yes, give name/s and duration \_\_\_\_\_

18. Do you have a habit of taking drugs/liquor/tobacco in any form at present?  
\_\_\_\_\_

19. If you have stopped taking drugs/liquor/tobacco, explain when and the reason why you have stopped:

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20. Do you have any police case (Civil/Criminal) pending? \_\_\_\_\_ if yes, give details:

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21. Do you have any technical qualification(s)? \_\_\_\_\_ if yes, give details:

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22. Do you have any talents in the areas of music/painting/writing or the like? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

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23. Do you have any professional training in computer software, hardware, photography, audio & video recording? \_\_\_\_\_ If Yes, give Details: \_\_\_\_\_

24. What is your present occupation? \_\_\_\_\_

25. Has anyone from your family ever done or is doing a course at GHBC? \_\_\_\_\_

If yes, the name of the person, year and programme of study: \_\_\_\_\_

26. How did you come to know about Great Harvest Bible College

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27. State the reasons as to why you chose GHBC for your study:

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28. Give the name and contact number/ mobile number of the Christian leader who knows you well:

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29. Give the name and contact number/ mobile number of the Christian friend/teacher who knows you well:

\_\_\_\_\_ Phone \_\_\_\_\_

30. Give the name(s) and address (es) of the sponsor(s) or parents who will be responsible for your fee, medical, travel and other expenses.

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31. Give the name and address of the person with whom we may communicate your academic and spiritual performance while you study

here: \_\_\_\_\_

### 1. Declaration by the Applicant

I, \_\_\_\_\_ hereby declare that I have read and understood the prospectus of GHBC. Furthermore, I affirm that all the information I have given above is true to the best of my knowledge.

Date:

Signature of the applicant

### 2. Declaration by the Student

I, \_\_\_\_\_, do hereby solemnly affirm and declare as under: - I am neither engaged in nor am intending to undertake any course of study in any other University other than theological studies during the period of my .....study (B.Th, Dip. Th and CTh) in Great Harvest Bible College. I understand that if am engaged in/registered for any concurrent degree/diploma course of any other university, my registration shall be cancelled. I understand that the degree can be revoked, if I am found pursuing any other degree/ diploma during my registration with the College.

Date of Application: .....

Signature: .....

### The Admission Process

*Admission process consists of two levels of tests and interviews - the preliminary entrance tests and final admission interview. The entrance examination will be conducted at the College Premises. The entrance examination covers the following areas: 1) Bible Knowledge 2) General Knowledge 3) English Bible and General knowledge shall be tested in a one sitting examination of 3 hours. The English examination shall be of two hours. However, the candidates applying for B.Th. after the successful completion of Dip.Th. are required to write a comprehensive examination in place of Bible knowledge and General knowledge. This covers areas of Biblical studies, Theology, History of Christianity, Christian Ministry and Mission. Passing the entrance test will make candidate eligible for the personal interview.*



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### Statement of Personal Christian Experience

*(If you want to elaborate on any of the following, please use additional paper and put the respective question number on it.)*

1. Name of the applicant (In block letters) \_\_\_\_\_
2. Course applying for: \_\_\_\_\_
3. What is your family and religious background?

4. When & how did you come to know Jesus as your personal Saviour and Lord? Describe in detail

5. Describe in detail your spiritual growth since you received Jesus as your Saviour

6. What place do you give to the Bible, prayer, and the work of the Holy Spirit in your life?

7. What are your expectations from Great Harvest Bible College? What is your present involvement in the church? Describe in detail.

8. What type of ministry do you wish to do after completion of your training?

9. Which part of India would you like to minister after your studies?

Date:

Signature of the applicant



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### Personal Health Questionnaire & Medical Certificate

*Before you see a doctor to obtain the medical certificate, kindly read the following Questions **CAREFULLY** and answer them by circling either 'Yes' or 'No'*

Full Name (In Block Letters): \_\_\_\_\_

Programme for which you are applying: \_\_\_\_\_

- |    |  |     |    |
|----|--|-----|----|
| 1  | Can you read without glasses?  | Yes | No |
| 2  | Have you ever had tuberculosis?  | Yes | No |
| 3  | Have you suffered from chest pain?   | Yes | No |
| 4  | Have you ever had rheumatic fever?   | Yes | No |
| 5  | Have you ever coughed up blood?  | Yes | No |
| 6  | Do you have good hearing?  | Yes | No |
| 7  | Have you ever been treated/undergoing treatment for psychosomatic (mental) illness?  | Yes | No |
| 8  | Do you often catch severe fever or cold?   | Yes | No |
| 9  | Do you have joint pains?   | Yes | No |
| 10 | Do you have frequent cough?  | Yes | No |
| 11 | Are you allergic to any medicines?   | Yes | No |
| 12 | Do you have any skin disease?  | Yes | No |
| 13 | Do you suffer from severe depression?  | Yes | No |
| 14 | Is your appetite good?   | Yes | No |
| 15 | Do you suffer from diabetes?   | Yes | No |
| 16 | Have you ever had jaundice?  | Yes | No |
| 17 | Do you frequently have loose motions (diarrhoea)?  | Yes | No |
| 18 | Do you have any heart problems?  | Yes | No |
| 19 | Have you had fainting attacks?   | Yes | No |
| 20 | Do you suffer from asthma?   | Yes | No |
| 21 | Have you ever had fits/convulsions?  | Yes | No |
| 22 | Have you ever had any surgery?   | Yes | No |
| 23 | Do you consider yourself healthy enough to undergo theological training in a place where you will have exposed to different climatic conditions? | Yes | No |

Signature of the applicant

**Medical Certificate**

*(To be filled by a registered medical practitioner)*

1. Name of the applicant: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Group: \_\_\_\_\_
2. How is the candidate's eyesight? \_\_\_\_\_
3. Glasses recommended: \_\_\_\_\_
4. How is the candidate's hearing? \_\_\_\_\_
5. What is the condition of the candidate's teeth? \_\_\_\_\_
6. Does the candidate have any contagious skin disease? \_\_\_\_\_
7. Is there any sign of heart disease? \_\_\_\_\_
8. How is the general physical condition? \_\_\_\_\_
9. Are there signs of tuberculosis? \_\_\_\_\_
10. Is there any evidence of venereal disease? \_\_\_\_\_
11. Does the candidate suffer from epilepsy or fits? \_\_\_\_\_
12. Does the candidate suffer from malaria? \_\_\_\_\_
13. Does the candidate have any contagious disease? \_\_\_\_\_
14. Has the candidate suffered from any chronic illness? \_\_\_\_\_

If yes, specify \_\_\_\_\_

15. Is the candidate suffering from hypertension or any family history of diabetics or asthma?  
\_\_\_\_\_

16. Is the candidate suffering or showing any symptoms of jaundice, allergy or intolerance to drugs?  
\_\_\_\_\_ Has the candidate been immunized against the following?

Typhoid: \_\_\_\_\_ Date: \_\_\_\_\_

Tetanus: \_\_\_\_\_ Date: \_\_\_\_\_

Cholera: \_\_\_\_\_ Date: \_\_\_\_\_

Having personally given a thorough examination to Mr./Mrs./Miss \_\_\_\_\_

I hereby certify that to the best of my knowledge, he or she is free from all contagious and infectious diseases. Other remarks if any:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Date :

Contact no :

\_\_\_\_\_  
Doctor's Signature with Seal



# SPONSOR FORM/FEE DECLARATION

*(This form must be filled in by the sponsor/parent/ family member stating clearly the fee amount to be paid for the candidate).*

**Full name of candidate** (In Block Letters) \_\_\_\_\_

I / We hereby declare that I/We will pay Rs. \_\_\_\_\_ /- per month, for the academic year 20\_\_ to 20\_\_.

M.Div(3 years) \_\_\_\_\_, B.Th(3 years) \_\_\_\_\_, Dip.Th (2 years) \_\_\_\_\_, CTh (1 Year) \_\_\_\_\_

for the ministerial training and theological education at Great Harvest Bible College, Chennai. In case of **any medical expenses** incurred by the student, I/We will pay that in addition to the above pledged amount.

Name of Sponsor/Parent/ Family member: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*\*SCHOLARSHIP WILL BE GIVEN ONLY TO DESERVINGCANDIDATES.**

**\*\*\*THE DESCISION OF THE FACULTY COUNCIL WILL BE FINAL AND BINDING.**





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(STRICTLY CONFIDENTIAL)

### LOCAL PASTOR

Please answer all questions from your independent evaluation of the candidate. All information given will be **treated confidentially**. After filling this form, **please post it directly to the Dean of Admissions**, at the above address.

Name of the applicant \_\_\_\_\_

Applicant's Address. \_\_\_\_\_

**Please Note:** *The above named applicant has applied for admission to Great Harvest Bible College and is asking you to furnish a reference. Ours is a Christian institution and as such, our aim is to train only those students who are spiritually and academically qualified for ministry. It is essential that you be frank and accurate in your remarks and estimations.*

*Thank you for your help.*

1. Name & designation of the Pastor \_\_\_\_\_

2. State your relationship with the applicant \_\_\_\_\_

3. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

4. How well do you know the applicant? \_\_\_\_\_

5. Does the applicant's speech and conduct consistently exhibit his/her Christian beliefs?

6. How is the applicant regarded by his/her friends and community?

7. Has the applicant been a member in good standing and actively serving in the church / Community?

In what capacities? \_\_\_\_\_

8. What do you consider to be his/her strengths of personality and talents?

9. What do you consider to be his/her areas where personality development is needed

10. Your knowledge about the applicant's commitment to Christ?

11. State applicant's involvement in the local Church/any other Christian Ministry.

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12. What are the weaknesses you see in the applicant?

---

13. Has the applicant been addicted to any kind of drugs, tobacco or alcohol?

If yes, give details \_\_\_\_\_

14. Is he / she physically fit enough to go through a rigorous training?

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15. What is his / her financial position?

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16. State your opinion of the applicant's general maturity and relationship with others

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17. Please tick any one of the following:-

- a) I strongly recommend the candidate
- b) I recommend the candidate
- c) I do not recommend the candidate

*In case of any need concerning this candidate during his / her period of study, I will be happy to take responsibility to the best of my ability.*

Place:

Date :

Signature: Official Seal

Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

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### LETTER OF REFERENCE & RECOMMENDATION

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#### CHURCH LEADER

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Applicant's Address. \_\_\_\_\_

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*In case of any need concerning this candidate during his / her period of study, I will be happy to take responsibility to the best of my ability.*

Place:

Date :

Signature: Official Seal

Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IMPORTANT INSTRUCTIONS

The applicant must fill the application in his/her own handwriting. Illegible or incomplete application will not be considered. The following documents must be attached to the application.

1. Statement of personal Christian experience.
2. Recommendation from applicant's Local Pastor on the Church's letterhead and Church Leaders concerning character, spiritual life and duration of membership in the church of the applicant.
3. Attested photocopies of **all academic certificates/mark sheets** (Candidates who are awaiting results or Degree, should mention it specifically. In such cases send copies of the other certificates, especially the mark sheets).
4. Four passport size photographs.
5. Completed Medical Form by a registered medical practitioner. You are requested to undergo a thorough medical examination and send/keep such reports for verification.
6. Completed Sponsorship and Fee Declaration Form.

### Please Note:

- (1) Kindly give the recommendation letters, to one who knows you well in order to be filled.  
**Most preferably local pastor.** Those who recommend should mail these forms directly to the college.
- (2) **Use of mobile phones/laptop is strictly prohibited.**
- (3) **SCHOLARSHIP WILL BE GIVEN ONLY TO DESERVING CANDIDATES.**

**APPLICATIONS RECEIVED WITHOUT NECESSARY DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. INCASE OF SOME UNAVOIDABLE DELAY, PLEASE ATTACH A NOTE GIVING THE REASON FOR THE MISSING DOCUMENT.**

Registrar

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