



RHEMA BIBLE TRAINING COLLEGE COIMBATORE (RBTCC)

(Managed by Joy to the World, India)

94, Mahakavi Nagar, 2nd Street, Irugur (Po), Coimbatore - 641103, Tamilnadu, India.

Tel: +91-9894728843 E-mail: info@rhemacoimbatore.org

Website: www.rhemacoimbatore.org

APPLICATION FOR ADMISSION

FINAL DATE FOR PROCESSING : _____

(ALL OF THE FOLLOWING MUST BE COMPLETED IN ORDER FOR THIS APPLICATION TO BE PROCESSED)

1. Attach a CURRENT color photo.
2. Enclose the Rs. 500.00 **NON-REFUNDABLE** application fee. (All fees are in Indian Rupees)
3. **Answer ALL questions. If a question does not apply, write "DNA" (Does Not Apply).**
4. An application will not be processed until all required information, photo and application fee are received.

Head & Shoulders Photo
ONLY

Snapshots
ARE NOT Acceptable

**Applications without
PHOTO will not be
accepted.**

PLEASE PRINT OR TYPE FULL LEGAL NAME. This is how your name will appear on student ID, diploma, and all correspondence.

Name in BLOCK LETTERS (underline surname)

Present Address Postal Code

Country of Residence Country of Citizenship

Contact Numbers	Residence	Office	Handphone	Fax	E-mail Address
	Sex M F	Date Of Birth (Day/Month/Year)	Age		

Marital Status Single Married * Give complete details on pg 6.

Full Name of spouse Date Of Marriage
(present or proposed)

Dependents For Whom You Are Responsible.

Name	Age	Date Of Birth DD/MM/YYYY	Name	Age	Date Of Birth DD/MM/YYYY

- Yes No Is your spouse saved?
- Yes No Has your spouse previously attended RHEMA? What year? _____

Consent Of Spouse I, the undersigned, am in full agreement for my spouse to attend RHEMA Bible Training College, Coimbatore.

Spouse's Signature: _____ Date: _____

Note: RBTCC is committed to maintaining the confidentiality of all student particulars and will not divulge data to any external organization or individual without the express permission of the student.

A. CHURCH AFFILIATION AND REFERENCES

List the name of the church which you currently attend. Name of Church	Pastor's recommendation <small>(Must be current pastor or church leader)</small> Name <small>(if not your pastor, state position of leadership in church)</small>
Address Postal Code : ()	Address Postal Code: ()

Pastor: _____ Contact Number : ()

How long have you attended this church? _____ Year(s) _____ Month(s)

Are you a member? Yes No

Do you attend regularly? Yes No

Is your Pastor or any member of the church staff a RHEMA alumni? Yes No

Are you Licensed? Ordained? If so, with what Denomination/Organisation? _____

In what church activities are you currently involved?	How long?	In what church activities were you formerly involved?	From	To

If you are not currently involved in your local church, please BRIEFLY explain the reason on page 6.

Personal recommendation form given to: **(Someone other than a relative who has known you well for 1 year or more).**

Name	
Address	

Postal Code ()

Contact Number: ()

B. STATEMENT OF FAITH

- Yes No Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?
- Yes No Do you believe in the Holy Trinity – that our God is one, but manifested in three persons: the Father, the Son, and the Holy Spirit?
- Yes No Do you believe in the Deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator between God and man?

C. ENROLLMENT INFORMATION

Why do you want to attend RHEMA Bible Training College Coimbatore? (State briefly)

Date you were saved: DD_____ MM_____ YYYY_____

Yes No Were you raised in a Christian home?

Briefly state how you know you are saved:

Date you received the baptism of the Holy Spirit with the evidence of speaking in other tongues: DD_____ MM_____ YYYY_____

Briefly state how you know you are filled with the Holy Spirit:

In the time since your initial salvation experience, has there been a period of time when you did not live for the Lord? Yes No

If "yes", please explain briefly and indicate the approximate date of your decision to fully commit your life to the Lord.

D. EDUCATIONAL HISTORY

Name Of School	Dates	Major	Diploma/Degree Received

Yes No Can you read, write, and comprehend the English language?

All classes are taught by lecture. Students are required to take exams and complete reading and written assignments in English.

E. OCCUPATIONAL HISTORY

(Please list your work experience starting with PRESENT employer)

Name Of Employer <small>(List from present date backwards)</small>	Duties Performed	Dates

F. ALCOHOL – TOBACCO – ILLEGAL DRUGS

Please be honest in answering the following questions.

- Yes No Have you ever used illegal or habit-forming drugs? If so, when did you last use them? (Date) _____
- Yes No Have you ever used any form of tobacco products? If so, when did you last use them? (Date) _____
- Yes No Do you drink alcohol? If yes, how often? (Please give details on page 6).

We feel that in order for a person to assume a leadership role in the Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from the use of tobacco, alcohol (including wine), or illegal drugs while attending RHEMA and after graduation. **This is a requirement for all RHEMA students.**

Understanding our position on the matter, please indicate below your decision concerning our policy.

- I will abide by this policy I cannot abide by this policy

I understand that if RHEMA is notified that I have violated the above stated policy, it will be grounds for immediate dismissal.

Signature: _____

Date: _____

If any changes occur after you have signed this application, you must inform our office with details and explanation in writing.

G. CERTIFICATION OF GOOD HEALTH – TO BE COMPLETED BY APPLICANT

Check those illnesses or conditions you had or now have.

Tick (): F – Formerly P - Presently If none apply, write “DNA” here: _____

- | | | | | | | | | |
|-----------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--|
| F <input type="checkbox"/> | P <input type="checkbox"/> | Abnormal Blood Pressure | F <input type="checkbox"/> | P <input type="checkbox"/> | Contagious or transmittable disease | F <input type="checkbox"/> | P <input type="checkbox"/> | Mental Disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Acquired Immune Deficiency Syndrome (AIDS) | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Multiple Sclerosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Seizure |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | Other _____
<small>(Attach letter explaining)</small> |

HOSPITAL INFORMATION

Yes No Have you ever been a patient (committed or voluntary) in a mental hospital or sanitarium?
(If "yes", specify when, where, why, name of doctor, and complete address of hospital or clinic. Make comments on page 6).

Your general health : Excellent (E) Good (G) Fair (F) Poor (P)

Please designate with E, G, F or P the condition of your : Eyes _____ Ears _____ Heart _____ Lungs _____

Cite any physical handicaps or defects:

Yes No Do you have any disabilities that would require special facilities? If so, what:

Yes No Do you have any known drug allergies?

If so, what drugs: _____

Nearest relative to be notified in case of emergency. The person listed must have a telephone.

Name	Relationship	Contact Nos:- Res: HP:
Address	City	State/Province
Postal Code ()		

H. MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to RHEMA Bible Training College Coimbatore, its employees or designate, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary

Applicant's Signature _____

Date _____

I. PAST DUE FINANCIAL OBLIGATIONS:

Please provide the following for PAST DUE financial obligations ONLY, otherwise state 'DNA':

Name Of Company	Original Amount Owed	Total Amount Presently Owed	Monthly Payments	Amount PAST DUE

If you have any accounts that are behind or past due, please explain on page 6.

J STATEMENT OF TRUTH

I have completed this application fully and truthfully, and I understand that all items submitted to RHEMA as part of the application process become the permanent property of RHEMA and will not be returned or copied for applicant's use.

Applicant's Signature _____

Date _____

Note: Photographs taken of students during class in the school year may be used for promotional purposes.

