



# SOUTH ASIA BAPTIST COLLEGE OF THEOLOGY & MISSION

Maikhulli, B.P.O. Pillangkatta, Via Basistha Charialli,  
Guwahati – 781029 | www.mib.center

Photo

## APPLICATION FORM 2023

Full Name : \_\_\_\_\_ Gender : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

### THIS APPLICATION IS FOR:

\_\_\_\_\_ New College Admission (New student or transfer student)

\_\_\_\_\_ College Re-admission (former SABCT&M students)

### I AM APPLYING FOR:

1. Diploma in Theology (Dip. Th) Regular : \_\_\_\_\_

2. Bachelor of Theology (B. Th) Regular : \_\_\_\_\_

3. Bachelor of Divinity (BD)/Master of Divinity (M.Div.) Regular or External: \_\_\_\_\_

4. Master of Theology (M.Th.) in Missiology – Regular : \_\_\_\_\_

### HEALTH INFORMATION

Blood Group \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you suffer from sleeplessness? : \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Intoxicant? \_\_\_\_\_

Any chronic illness / physical disability: \_\_\_\_\_

**THIS FORM SHOULD BE ACCOMPANIED BY:**

- 1. Three recent passport size photographs of the applicant.
- 2. Photostat copies of certificates of examinations passed.
- 3. Your personal autobiography written out on a plain piece of paper.
- 4. Recommendation letter from Pastor.
- 5. Original Certificates & Mark sheets must be submitted during admission.

**ACADEMIC QUALIFICATION**

Provide Information about all post-high school education you attended

INSTITUTION	LOCATION	Degree/Diploma	Graduation Year

**STATEMENT OF THE APPLICANT**

I declare that I shall submit myself to the disciplinary jurisdiction of the Director, Principal and the authorities of the South Asia Baptist College of Theology & Mission, to exercise discipline and abide by the rules and regulations that exist and that shall be framed.

By signing below, I covenant to support the College's testimony in my words and conduct, and to participate in the college community in Christian love and integrity.

I testify that all the information given in the form by me is true and correct. I understand that any information which I have furnished above, if proved to be false or incorrect, will automatically disqualify me from being admitted to, or continuing at SABCT&M.

Place:

Date:

Signature of the Applicant

**FOR OFFICE USE ONLY**

Admit Mr/Mrs/Ms \_\_\_\_\_ Provisionally.

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

Signature of the Director