



Mount Carmel Theological College

A ministry of Mount Carmel Ministries International

PO Box 81, Kandy, Sri Lanka

Tel: +94814927405,+94771231420

Email: suresh300808@gmail.com

Application for Admission

Full Name:

Address:

Date of birth: NIC No: Civil Status:

Name of Spouse: No. Of Children:

Educational Qualifications:

Biblical/Theological/Ministerial Education:

Other Qualifications:

Date of Salvation: Date of Water Baptism:

Church Name:

Church Address:

Member Since: Name of Pastor:

Current Involvement in the Church:

Ministerial Training & Experience:

Name & Address of Referee No. 1	Name & Address of Referee No. 2
---------------------------------	---------------------------------

Write your testimony in brief:

Course Applying For:	Year:	Full/Part Time/ Correspondence
----------------------	-------	--------------------------------

Payment Method:

Any Detail you feel the College should know:

Declaration:
In the event of my being selected as a student of this College, I pledge that I will exert the maximum to adhere to the rules and regulations of the College and maintain a guiltless reputation of my Church, my College, and myself.

Date:

.....
 Signature

Attach
 your photograph
 here

For Office Use Only

Date Application Received:

Date of Interview:

Interviewed by:

Remarks:

Registrar..... Principal.....