



INDIAN THEOLOGICAL UNIVERSITY

(Affiliated to Anglican Episcopal Church International)

Synod Office: 24/2, Apollo street, Bishop David Nagar, Vellore-632001, Tamil Nadu

India Ph. No: 08122731290, 09894187480

Reg.No

1. Full Name :
2. Father's Name :
3. Present Mailing Address :

Passport Size
Photo to be
affixed

Phone/cell:

4. Gender : Male / Female
5. Date of Birth :
6. Marital status : Single / Married
7. Language you know
to read and write :
8. Educational Qualification :
9. Theological Qualification :
10. Ministry Experience :
11. To which Denomination/
church you belong to :
12. Name of your Pastor :

13. Your position in church : Believer Elder Evangelist
 Pastor

14. Course of study : C.Th D.Th B.Th B.Div
 B.MIN BBS M.DIV
 M.TH Ph.D D.D MBS
 M.Min

DECLARATION

I affirm that the facts given in the application form are true to the best of my knowledge and believe & I agree to abide by the rules and regulation of the institution.

Date :

Place:

Signature of the applicant

TO BE ATTACHED ALONG WITH THE APPLICATION

- A. Personal Testimony/ God's Call/ Experience in Ministry
- B. Educational certificate and Theological certificate-Xerox copy
- C. Send four recent passport size color photos.