



LIVING WATERS INSTITUTE OF THEOLOGY

Living Waters Centre, Nallamkulam, Vettithitta P.O,
Pathanapuram, Kollam, Kerala, India. Pin 689696

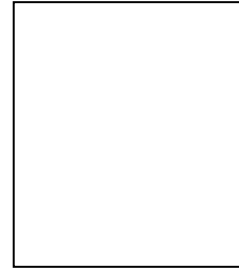
Phone: 04752221549

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Affiliated to Living Waters Elim Church UK

Accredited to IATA



Application for Admission

Register No:.....

Admission No:.....

1. Name in Full:.....

2. Date of Birth:.....Month:.....Year:.....Age Now:.....

3. Place of Birth:.....Nationality:.....

4. To which program are you seeking for admission?

Leadership Training Programme (Three Months)

C.Th (In Counselling) Dip.Th (In Counselling) B.Th M.Div

M.Th

Counselling

Mission

5. Indicate your anticipated Academic preference:

Regular/ Residential Extension/ External

India Overseas

6. Permanent Address:.....

Phone:..... Mobile:..... Email:.....

7. Mailing address for correspondence:.....

8. Name and address of Father/Guardian:.....

9. The occupation of Father/ Guardian:.....

10. Sex: Male Female

11. Marital Status: Single Married

(a) Name of the Spouse:..... (b) Number of Children:.....

12. How long have you been a Christian:.....

Explain how you become a committed Christian. Mention any event of particular importance your spiritual experience:.....

13. The name of your Church/Denomination:.....

The full name and Address of your Local Church:.....

14. Please indicate all significant employment and ministry experience you have had:.....

15. What type of Christian ministry do you hope to do when you complete your Seminary training:.....

16. Language Proficiency: (a) Your mother tongue:.....

(b). Other languages you can speak, read and write:.....

17. Have you had any Christian training before: Yes No

If yes please give details:.....

18. Educational Qualification:

| Exam Passed | Name & Place of School/University | Date of Completion | Name of Diploma/ Degree Received | Class First/Second/Third |
|-------------------|-----------------------------------|--------------------|----------------------------------|--------------------------|
| SSLC | | | | |
| PDC/+2 | | | | |
| HSC/VHSE | | | | |
| Dip.Th/C.Th/ G.Th | | | | |
| B.Th | | | | |
| B.A/B.Sc/B.com | | | | |
| M.A/M.Sc/M.Com | | | | |
| B.D/M.Div | | | | |
| Any Other | | | | |

19. If you are seeking admission for Extension Program, are you able to attend the Contact Classes in each semester?

20. If Residential, are you able to pay fees for tuition, food and accommodation?

If yes, please explain who will pay?.....
:.....
.....

21. Give the names and address of the following persons who know you well:

(a) An Official of your of Church/Mission/Organisation:.....

(b) A Responsible person who knows you well:.....

Declaration & Pledge

I affirm that my statements above are correct to the best of my knowledge. If admitted, I agree to abide by the standards of conduct of LWIT. I shall submit to the right of the seminary administration to take any disciplinary action against me, if in their judgment, my behaviour, character or doctrine is contrary to the spirit and emphasis of the Seminary.

Signature:.....

Date:.....

Please attach the following with the Application Form:
 (1) Attested copies of certificates; degree, mark-lists, etc.
 (2) Recommendation letter from your Pastor
 (3) 2 Passport size photo

FOR OFFICE USE ONLY (To be filled in by the Dean of Academy/Director of Admission):

(1) Date written the Application is received:.....

(2) Application fee received Rs:.....

(3) Admission Approved Rejected Differed

(4) Enrolled First Year Second Year Third Year

(5) Qualifying Papers required for admission:

(6) Total credits required for Graduation:

Signature:

Dean of Academy/ Director of Admission