

# Caleb Institute

## Application for Admission

Please TYPE or WRITE clearly. There are twelve sections from I to XII. Complete all sections. All Dates must be in DD/MM/YYYY Format. Your application will only be processed if found complete.

### I. APPLYING PROGRAM INFORMATION

Year: 2020

Language: English

Type of Admission: Student Full Time Admission

Program: (mark only one '✓'.)

Integrated B.A. + M.Div, 5 Years.

Master of Divinity Accredited by Asia Theological Association (ATA), 3 Years.

Master of Theology in Missions (MTh), Accredited by MBTS, Germany, 2 Years after completion of M.Div.

#### Program Requirements

- Integrated M.Div – Qualification: XII Pass. Duration: 5 years
- M.Div – Qualification: Bachelor’s Degree from a recognized university. Duration: 3 Years
- Upgraded M.Div – Qualification: B.Th graduate from ATA/ Serampore. Duration: 2 Years
- Master of Theology – Qualification: M.Div or B.D. graduate from ATA or Serampore. Duration: 2 Years

### II. APPLICANT’S PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last/ Family Name \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Present Address: House Number/ Building Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Landmark: \_\_\_\_\_

City/ Village/ Town: \_\_\_\_\_

Pin: \_\_\_\_\_ State: \_\_\_\_\_

Phone with STD Code: (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home/ Permanent Address: House Number/ Building Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Landmark: \_\_\_\_\_

City/ Village/ Town: \_\_\_\_\_

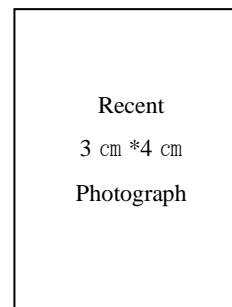
Pin: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Alternative Phone (different from above): (\_\_\_\_) \_\_\_\_\_



### III. LIFE OF FAITH AND CHURCH BACKGROUND

#### Current Church Information

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

#### Baptism Information

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Date of Baptism \_\_\_/\_\_\_/\_\_\_

How long have you been a Christian? \_\_\_\_\_

What is your level of local church involvement? (mark '✓.')

Staff Member  Regular Member  Regular Attender  Occasional Attender  Other: \_\_\_\_\_

**IV. MARITAL STATUS** (mark '✓.')

Single/  
Never Married  Married/  
Year: \_\_\_\_\_  Divorced/  
Year: \_\_\_\_\_  Widowed/  
Year: \_\_\_\_\_

A. If divorced, please attach an explanation.

B. If single, do you expect to be married before coming to, or while at Caleb Institute?  Yes  No

C. Name of Spouse/ Fiancé(e) \_\_\_\_\_

D. Ages of Children \_\_\_\_\_

**V. ACADEMIC BACKGROUND**

**High School** Name of School \_\_\_\_\_  
Location (City, State) \_\_\_\_\_  
Date of Graduation: \_\_\_/\_\_\_/\_\_\_ Percentage Score \_\_\_\_\_

**Senior Secondary School** Name of School \_\_\_\_\_  
Major/ Board \_\_\_\_\_  
Location (City, State) \_\_\_\_\_  
Date of Graduation: \_\_\_/\_\_\_/\_\_\_ Percentage Score \_\_\_\_\_

**Bachelor** Name of School \_\_\_\_\_  
Major \_\_\_\_\_ Location (City, State) \_\_\_\_\_  
Degree \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_ Percentage Score \_\_\_\_\_

**Master** Name of School \_\_\_\_\_  
Major \_\_\_\_\_ Location (City, State) \_\_\_\_\_  
Degree \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_ Percentage Score \_\_\_\_\_

**Doctoral** Name of School \_\_\_\_\_  
Major \_\_\_\_\_ Location (City, State) \_\_\_\_\_  
Degree \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Are you currently enrolled in any academic program at other institution?  Yes  No

*Pursuing another academic program while being enrolled in a course at Caleb Institute is not permitted.*

**VI. LANGUAGE & EDUCATION**

1. Native Language(s) \_\_\_\_\_

2. Acquired Language(s) *\* Please Circle Your Level- A: Excellent, B: Average, C: Poor*

Acquired Language(s)	Listening	Speaking	Reading	Writing
	A B C	A B C	A B C	A B C
	A B C	A B C	A B C	A B C
	A B C	A B C	A B C	A B C

3. Were you educated in English? (mark '✓.')

Yes  No

If yes, please mark each relevant educational level. (mark '✓.')

Primary School  Middle School  High School  Undergraduate  Graduate

4. Have you applied to Caleb Institute before?  Yes  No If yes, when? \_\_\_\_\_

5. Have you been dismissed or denied admission by any other seminary/ school?  Yes  No

If yes, please explain (use a separate sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_

**VII. EXPERIENCE**

List all significant employment/ ministry experiences. (\*Please attach your resume or CV if available.)

<i>Title/Nature of Work</i>	<i>Employer/Church/Organization</i>	<i>Period</i>

**VIII. MISCELLANOUS INFORMATION**

1. What most influenced your decision to apply to Caleb Institute?

- Evangelical reputation or theological position of the seminary
- Mission and leadership emphasis in the curriculum and intercultural atmosphere
- Academic reputation or the academic credentials of faculty members
- Spiritual reputation and emphasis on spiritual formation and life
- Other: \_\_\_\_\_

2. Are you applying to other seminaries or schools?  Yes  No

If yes, which ones (optional): \_\_\_\_\_

3. What are your vocational or ministry objectives? (list 1, 2, 3 in order of preference)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Campus Ministry     | <input type="checkbox"/> Specialized Ministry          | <input type="checkbox"/> Church Leadership             |
| <input type="checkbox"/> Cultural Leadership | <input type="checkbox"/> Pastoral Ministry             | <input type="checkbox"/> Youth Ministry                |
| <input type="checkbox"/> Teaching (Church)   | <input type="checkbox"/> Teaching (Primary/ Secondary) | <input type="checkbox"/> Teaching (College/ Seminary)  |
| <input type="checkbox"/> Counseling (Church) | <input type="checkbox"/> Missionary Service            | <input type="checkbox"/> Other Professional Leadership |
| <input type="checkbox"/> Other: _____        |  |  |

4. Have you ever been convicted of a serious crime?  Yes  No

If yes, please explain: \_\_\_\_\_

5. Are you planning to apply for scholarships? If Yes, please fill the complete scholarship form.  Yes  No

6. Are you planning to apply for dormitory?  Yes  No

**IX. LETTERS OF RECOMMENDATION**

List the names and addresses of two references. Please provide your recommender with forms. All envelopes must be sealed and signed across the seal by the recommender.

	<i>Name</i>	<i>Organization &amp; Title</i>	<i>Phone and/ or e-mail</i>
1. Pastor (Current Church)			
2. Professor or Church Leader/ Employer			

*Note: If you can't access a particular reference and substitute it with another one, describe the reason; why the particular reference was unavailable and why you ask current recommender instead.*

**X. APPLICATION CHECKLIST**

Please check the following list for a complete application and indicate the status of each part (mark '✓.')

<input type="checkbox"/>	Application (use provided form, 1 photo attached)			
<input type="checkbox"/>	3 Photos			
<input type="checkbox"/>	Personal Statements (use provided form)			
<input type="checkbox"/>	Recommendation-1 (use provided form)	<input type="checkbox"/>	Attached (sealed)	<input type="checkbox"/>
<input type="checkbox"/>	Recommendation-2 (use provided form)	<input type="checkbox"/>	Attached (sealed)	<input type="checkbox"/>
<input type="checkbox"/>	Church Attendance Letter (use provided form)	<input type="checkbox"/>	Attached (sealed)	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Graduation	<input type="checkbox"/>	Attached	<input type="checkbox"/>
<input type="checkbox"/>	Official Marksheets	<input type="checkbox"/>	Attached	<input type="checkbox"/>
<input type="checkbox"/>	Medical Report	<input type="checkbox"/>	Attached	<input type="checkbox"/>
<input type="checkbox"/>	Sponsorship Document(s) (only if available)	<input type="checkbox"/>	Attached	<input type="checkbox"/>
<input type="checkbox"/>	Scholarship Application	<input type="checkbox"/>	Attached	<input type="checkbox"/>

Will be sent by: \_\_\_\_\_

Will be sent by: \_\_\_\_\_

Will be sent by: \_\_\_\_\_

Will be sent by: \_\_\_\_\_

Will be sent by: \_\_\_\_\_

Will be sent by: \_\_\_\_\_

Will be sent by: \_\_\_\_\_

I don't need scholarship

Note: Submitted application materials remain permanently on record with Caleb Institute and will not be returned.

**XI. Caleb Institute**

1. How did you find out about our school and scholarship program?

<input type="checkbox"/>	Internet		
<input type="checkbox"/>	Church or Pastor _____	<input type="checkbox"/>	Missionary _____
<input type="checkbox"/>	Professor _____	<input type="checkbox"/>	Other _____

2. Do you have connections in Delhi (N.C.R.)/ Caleb Institute?

<input type="checkbox"/>	Church or Pastor _____	<input type="checkbox"/>	Missionary _____
<input type="checkbox"/>	Family Members _____	<input type="checkbox"/>	Friend _____
<input type="checkbox"/>	Institution (e.g. Hospital, University, School, Church) _____		
<input type="checkbox"/>	Other _____		

**XII. SIGNATURE**

Do you agree entirely with Caleb Institute's Statement of Faith?  Yes  No

If no, which statement(s) do you disagree with and why? (Use a separate sheet if necessary) \_\_\_\_\_

Note: Caleb Institute's Statement of Faith can be found in the admissions manual and on the Caleb Institute's website.

I affirm that my statements in this application and in the attached pages are correct to the best of my knowledge. By signing I affirm that my statements in this application and in the attached pages are correct to the best of my knowledge. By signing below, I agree to the procedure of application and the process of admissions, as conducted by Caleb Institute and Asia Theological Association (ATA). I give Caleb Institute permission to retain confidentially all submitted application materials as a permanent record and to verify all information with the relevant persons or institutions. If admitted, I agree to abide by the standards of conduct of Caleb Institute, as they are summarized in the current catalog, and uphold Caleb Institute's Statement of Faith.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If you have any questions concerning this application, please contact the Admissions Office. Caleb Institute does not discriminate on the basis of race, age, gender, nationality, ethnic origin, or physical disability status.

**Send Your Application to  
The Admissions Office  
Caleb Institute**

**1 KM Milestone, Haily Mandi Road, Farrukh Nagar, Gurugram, Haryana (N.C.R.) 122506  
Phone: +91 11 4701 7904 E-mail: admissions@calebinstitute.org Website: www.calebinstitute.org**



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