



SCHOOL OF WISDOM BIBLE COLLEGE

Letter of Gospel Raj Manohar Neela Ministries – Reg. 61/2006

D.No. 8-253, Avanigadda, Krishna Dt, Andhra Pradesh, India, 521121.

Mobile: 9848359361, 9032353926, email: rajmanoharneela@gmail.com

Application Form for

DIPLOMA IN BIBLE STUDIES

Affix your
Recent
Passport
size
Photograph

1. Name of the Applicant (In Capital Letters) _____

2. Father's Name and Occupation _____
3. Mother's Name and Occupation _____
4. Date of Birth: (DD/MM/YYYY) _____ and Age _____
5. Mother Tongue _____
6. Languages known other than Mother Tongue _____
7. Nationality _____

8. Educational Qualifications from 10th Class onward (Attach Xerox Copies of Your Certificates)

S.NO	Name of the study	Name of the Institution	Board / University	Year & Month of Passing	Total Marks	Class / Grade
1	10th					
2	Intermediate					
3	Under Graduate Degree					
4	Post Graduate Degree					

9. Church Affiliation _____

(Attach a letter of Membership from your local Pastor)

10. Are you married? _____ If yes,

A). Give the name, qualification and occupation of your spouse _____

B). Give the name, gender and age of your children, if any

S NO	NAME	GENDER	AGE
1			
2			
3			

11. Ministerial experience, if any _____

12. What do you consider as your specific call? _____

13. Do you have any special talents or gifts? If yes, name them _____

14. Write your testimony in a separate sheet of paper (Not more than one page).

15. Address for communication _____

City: _____

District: _____ State: _____ Pin: _____

Phone No: _____ Mobile: _____

16. Permanent address _____

City: _____

District: _____ State: _____ Pin: _____

Phone No: _____ Mobile: _____

17. Give the name and address of two important Christian leaders who can be approached for further information about your commitment to the ministry.

A). _____

B). _____

DECLARATION

I, _____ here by solemnly declare that the particulars furnished above are true to the best of my knowledge and also agree that I will abide by all the rules and regulations that may be stipulated by the college.

Date:

Signature of the candidate

Office Authentication _____