



AGAPE COLLEGE

Recognised by North East Christian University
(NECU – Jointly sponsored by CBCNEI & NBCC)

Associated with the Nagamese Baptist Churches Association

Accredited by Asia Theological Association

(Govt. Reg. No. EDS/THE/ 13/90 Dt. 14/11/91)

Website: <https://agapecollege.in>

Address: GBC H.No.405, Padumpukhuri

Dimapur- 797116, Nagaland: India

Ph. No: 97077-84902 | Email: agapecollege123@gmail.com

Passport

FORM 1 – APPLICATION FORM

Instructions to the Applicant:

This application form is downloadable (at <https://agapecollege.in/>). The form must be filled in only after reading the rules given in the *Prospectus* carefully. Answers are to be written in your own handwriting with ball pen. Take care to answer all questions accurately and completely.

1. Full Name: _____
2. Date of Birth: _____
3. Sex: *Male/Female* _____
4. Identification mark: _____
5. Father's name: _____
6. Occupation: _____
7. Contact Number: _____
8. Mother's Name: _____
9. Local Guardian's name and address: _____
10. Contact Number: _____
11. Present Address: _____
12. Permanent Address: _____
- _____
13. Which course do you want to apply for: Dip.Th () : B.Th () : M. Div. () : M.A HCD. ()
14. Marital Status: Single () / Married ()
15. Date of Baptism: _____
16. Name of the Church: _____

17. Pastor's Contact Number: _____

18. List if any there is any ministerial experience: _____

19. Educational Qualification:

Sl.No	Name of the Board/ University	Degree	Year of Passing	Division

20. If any other studies _____

21. Summarize your activities since you left school/college _____

22. Give the name and address of your employer if you have been working:

23. What language do you speak, read and write? _____

24. What is your mother tongue? _____

FORM 2 – DECLARATION

All the information given in this application is correct to the best of my knowledge. Any information found incorrect, incomplete or false, my admission may be treated as cancelled.

I promise that, I will abide by all the rules and regulations of the college. I also understand that in the event of violation of the college rules and regulations, or for any other serious offense, the decision action of the college authority taken against me will be final.

Date: _____

(Signature of the applicant)

DECLARATION OF THE PARENTS/ GUARDIANS

In the event of violation of any rules/ regulations of the college **by my son/ daughter**, I shall abide by the action taken on him/ her by the college authority. I promise to pay all the necessary fess of the college on time.

Date: _____

(Signature of Parents/ Guardian)

Along with the application following documents must be attached:

1. Medical Report signed by a qualified doctor with M.B.B.S & above.
2. Original and a photocopy of your school leaving certificate HSLC/HSSLC/ Degree Certificate (s).
3. Letter of Recommendation from the Pastor of your church, church leader and a responsible person which will indicate your suitability for studies at Agape College.
4. A letter of Financial Assistance from the sponsoring body (If sponsored).
5. Payment receipt of Rs. 500/- for Application Form, Prospectus and Students' Handbook (Prospectus & Handbook may be had from the college office later).
6. A brief sketch of your life Personal Testimony in your own handwriting, on a separate paper.

Payment link for **Prospectus & Form: Rs.500/-** (Rupees five hundred only)

• **Through the Bank:**

Name of the Bank	: Bank of Baroda
Account Holder	: Agape College
Account Number	: 78740100007319.
IFSC code	: BARB0VJDIPU.

FORM 3 – MEDICAL REPORT

Full Name: _____

Medical History: _____

- a) Have you been suffering from any sickness that can affect your future ministry? Explain.
- b) Give details of any accident injuries or operation you had undergone in the past five years. If yes, please specify.
- c) Tick the word that you feel best describes your health:
Excellent () Good () Fair () Poor ()

To be filled in by a qualified Doctor:

- 1. General Health appearance
- 2. Height:
- 3. Weight:
- 4. Any Deformities:
- 5. Abdomen:
- 6. Chest:
- 7. Pulse:
- 8. Blood Pressure:
- 9. Blood Group:
- 10. Genito-urinary system:

Remarks: _____

Date:

Signature of a Doctor:

Seal

AGAPE COLLEGE

Padumpukhuri, Dimapur- 797116, Nagaland: India
Ph. No: 97077-84902 | Email: agapecollege123@gmail.com

FORM 4 – FINANCIAL GUARANTEE CERTIFICATE

(Must be filled in by the Sponsoring authority)

1. Name of Candidate: _____

2. Name of Sponsor and Address: _____

Ph. No : _____

I hereby declare that I will be responsible for all the payments of the above-mentioned candidate pertaining to his/ her stay and studies at Agape College.

Position _____

_____ Signature

Date:

(SEAL)

For Office use only
Recommendation for Admission:

Accept:

Reject:

Deferred:

Date:

Principal

Academic Dean

<p>Note: The Completed Form must be submitted:</p> <ul style="list-style-type: none">(i) Either by postal order/registered mail/in person.(ii) Or, by emailing the scanned copies through this email: agapecollege123@gmail.com	<p>Mailing Address:</p> <p><i>The Principal,</i> Agape College, Padumpukhuri, Block 5, Bylane 1 Dimapur- 797116, Nagaland, India. Ph.: 9707784902.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------