



# New Life College

P.O. Box 8440,  
St. Thomas Town,  
Bangalore 560084

Dear Applicant,

Thank you for your interest in New Life College. We have enclosed the admissions application along with the prospectus. Please complete the application for admissions and submit the following items as soon as possible.

- √ Documents of **ALL** your academic history. (H.S.C., PUC, Theological, etc.) Please provide copies of Certificates, Diploma/Degree and transcripts.
- √ Character certificate or letter of recommendation from the college/seminary you recently attended.
- √ Your personal testimony outlining your salvation experience, call for ministry and why you believe NLC will equip you for future ministry.
- √ Pastor's recommendation (form enclosed).
- √ General letter of recommendation from a Christian leader (form enclosed).
- √ Financial Sponsorship (form enclosed) and a separate letter from the concerned person is necessary.
- √ Medical Assessment (form enclosed).
- √ Recent passport size photograph and affix one to the application.
- √ Sent DD or MO of Rs. 100/- for application fee along with the application.
- √ Application should reach here on or before March 31<sup>st</sup>.

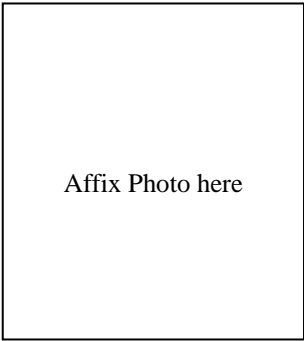
Please Note: Since seats are limited, your application will only be presented to the Admissions Committee upon receipt of all the information requested above. You will receive a letter indicating the decision of the committee.

May the Lord Bless you.  
Sincerely,  
The Registrar



# NEW LIFE COLLEGE

## APPLICATION FOR ADMISSION



Degree program applying for:

Bachelor of Theology (B.Th.)

Master of Divinity (M. Div.)

1<sup>st</sup> year     2<sup>nd</sup> year

1<sup>st</sup> year     2<sup>nd</sup> year

### PERSONAL INFORMATION

1. Name (In block letters) \_\_\_\_\_  
(First name) (Middle) (Surname)

2. Address \_\_\_\_\_  
(Street) (Town/City)

\_\_\_\_\_ (State) (Country) (Phone with STD/ISD)

3. Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
DAY/MONTH/YEAR

4. Are you married?  Yes  No If married, spouse's Name \_\_\_\_\_  
Number of Children \_\_\_\_\_ (Please note: family quarters are not currently available at NLC)

5. Parent / Guardian's Name \_\_\_\_\_  
(First Name) (Middle) (Surname)

6. Address \_\_\_\_\_  
(Street) (Town/City)

\_\_\_\_\_ (State) (Country) (Phone with STD/ISD)

7. What are your housing requirements while at NLC?  On Campus  Off Campus

8. List all the Languages you know

Language	Mother Tongue		
Speak			
Read			
Write			

9. How did you hear about New Life College? \_\_\_\_\_

10. Do you have any friends or relatives currently studying at NLC?  Yes  No  
If Yes, state their name \_\_\_\_\_

11. Are you in currently in normal health?  Yes  No  
If No, state health problem \_\_\_\_\_

**EDUCATION INFORMATION**

12. High School you graduated from \_\_\_\_\_ Year completed \_\_\_\_\_  
Location of High School \_\_\_\_\_ Class ranking \_\_\_\_\_

13. PUC College attended \_\_\_\_\_ Year Completed \_\_\_\_\_  
Location of College \_\_\_\_\_ Class ranking \_\_\_\_\_

14. List **ALL** colleges attended after PUC (including theological training)

Name of College	Location	Degree received	Year Completed	Class Ranking
1.				
2.				
3.				
4.				
5.				

15. List any other Christian training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you applied to or attended New Life College before? OYes O No  
If yes, when \_\_\_\_\_

**CHRISTIAN EXPERIENCE AND CHURCH AFFILIATION**

17. Have you accepted Christ as your Lord and Savior? OYes ONo  
If Yes, when? \_\_\_\_\_ and Where? \_\_\_\_\_

18. Have you received water baptism? OYes ONo  
If Yes, when? \_\_\_\_\_ and Where? \_\_\_\_\_

19. Have you fully committed your life to full-time Christian ministry? OYes ONo  
If Yes, state your plans for ministry after graduation from New Life College \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What is your Church affiliation or denomination? \_\_\_\_\_

21. Have you served in a leadership role in a church or christian organization? OYes ONo  
If Yes, state your role \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. List all your ministerial experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

23. Who will be responsible for your fees during your course of your study at NLC?  
(please circle one)

Sponsor / Parents / Guardian / Church / Yourself

24. Name of the person / organization who will be paying your fees: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Town/City)

\_\_\_\_\_ (State) (Country) (Phone with STD/ISD)

**RECOMMENDATIONS**

Please give the names and addresses of your pastor and two persons who will provide letter of recommendation on your behalf. **THESE MUST NOT INCLUDE YOUR PARENTS, FAMILY MEMBERS OR ANY OTHER CLOSE RELATIVES.** Please have these persons complete the letter of recommendation forms and return them to you in a sealed envelope. Include these with the application form as you send it to New Life College.

Pastor's Reference Name and Address: \_\_\_\_\_

\_\_\_\_\_

Recommendation #1 Name and Address: \_\_\_\_\_

\_\_\_\_\_

Recommendation #2 Name and Address: \_\_\_\_\_

\_\_\_\_\_

**DECLARATION AND PLEDGE**

I solemnly declare that all the above information is accurate and true to the best of my knowledge. I understand that any false information given above may lead to disqualification for admission. If admitted, I agree to observe all rules and regulations of New Life College and maintain a high standard of Christian conduct on and off campus.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NEW LIFE COLLEGE**  
(A Ministry of Nava Jeeva Ashram)  
P.O. Box 8440 St. Thomas Town P.O.,  
Bangalore 560084  
Telephone 080-544 6000

**PASTOR'S RECOMMENDATION**

Dear Pastor,

The applicant listed above has applied for admission to New Life College. Please complete this form to the best of your knowledge and kindly return the form to the applicant in a sealed envelope. Your evaluation will be kept confidential. Thank you for your assistance in the admission process.

Name of the Applicant: \_\_\_\_\_

Your Name: \_\_\_\_\_

Name of the Church: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/town) (State)

\_\_\_\_\_ (Phone with STD) (Email Address)

1. How long have you known the applicant?
2. How long has the applicant been a member of your church?
3. What is your relationship to the applicant?
4. What do you know about the applicant's personal commitment to Christ?

5. What is the applicant's ministry plans after completing studies at New Life College?

6. What do are the strengths and weaknesses of the applicant?

7. What spiritual gifts and talents does the applicant possess?

8. Does the applicant have any health problems that would interfere with his/her studies at New Life College?

9. Please rate the applicant in the following areas?

<i>Check appropriate box</i>	<i>Exceptional</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Spiritual Maturity			
Sense of Responsibility			
Attitude to authority			
Christian Character/Testimony			
Leadership Ability			
Involvement in Ministry			

**Please tick one:**

I highly recommend this applicant to New Life College

I do not recommend this candidate to New Life College

Additional Comments (if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affix the seal of the church below. Please return this form to the applicant in a sealed envelope.



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## **GENERAL RECOMMENDATION**

New Life College is an institution that trains up men and women for Christian ministry. Please fill out this form carefully to the best of your knowledge and return to the student in a sealed envelope. The information you provide is an important part in our decision-making. Your evaluation will be kept strictly confidential. Thank you for your cooperation in this matter.

**Name of the Applicant:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/town) (State)

\_\_\_\_\_  
(Phone with STD)

\_\_\_\_\_  
(Email Address)

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. What do you know about the applicant's personal commitment to Christ?
4. In your opinion, what are the strengths and weaknesses of the applicant?
5. What is the applicant's ministry plans after completing studies at New Life College?

6. Does the applicant have any health problems that would interfere with his/her studies at New Life College?

7. Please rate the applicant in the following areas?

<i>Check appropriate box</i>	<i>Exceptional</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Leadership ability			
Submission to authority			
Willingness to learn			
Christ-like attitude			
Sense of responsibility			
Ability towards studies			

Please tick one:

I highly recommend the applicant to New Life College

I do not recommend the applicant to New Life College

Additional Comments (if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to the applicant in a sealed envelope.



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**MEDICAL ASSESMENT FORM**

New Life College is an institution that trains up men and women for Christian ministry. Please fill out this form carefully to the best of your knowledge and return to the student in a sealed envelope. The information you provide is an important part in our decision-making. Thank you for your cooperation in this matter.

**Name of the Applicant:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Name of  
Hospital/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/town) (State)

\_\_\_\_\_  
(Phone with STD)

\_\_\_\_\_  
(Email Address)

1. How long has the applicant been under your medical care?

2. Has the applicant been treated for any illness in the past year?

Yes       No

3. If you answered "Yes" above, please state the illness. If you answered "No", proceed to question # 4.

4. Are you aware of any health restrictions that would prevent the applicant from performing his/her studies. If so, please state below:

5. Based on your examination/evaluation, please rate the applicant's current health condition by checking any box below:

Excellent       Good       Poor

Additional Comments (if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please affix the seal of your hospital/clinic and return this completed form to the applicant in a sealed envelope.



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## **FINANCIAL FORM**

Dear Sponsor:

Please complete this form and return to the applicant for mailing to New Life College. It is our policy that the fees are paid annually at the time of admission. Please have the draft made in favor of "New Life College".

Thank you for your financial support of the applicant. May the Lord bless you richly!

**Name of the Applicant:** \_\_\_\_\_

Name of Sponsoring  
Organization/Individual \_\_\_\_\_

Authorized Official's Name \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/town)

\_\_\_\_\_ (State) (Pin Code) (Country)

\_\_\_\_\_ (Phone with STD) (Email Address)

**I/We hereby promise to sponsor the studies of \_\_\_\_\_  
at New Life College.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please affix the official seal of the sponsoring organization below