



NEW LIFE COLLEGE
(A Ministry of Nava Jeeva Ashram)
50/12 Outer Ring Road, Kalyan Nagar P.O.,
Bengaluru 560043

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: _____

Name: _____

Name of the Church: _____

Address: _____

(Street)

(City/town)

(State)

(Phone with STD)

(Email Id)

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 are the strengths and weaknesses of the applicant?

7. What are the 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 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 admission. Your evaluation will be kept strictly confidential. Thank you for your cooperation in this matter.

Name of the Applicant: _____

Name: _____

Address: _____
(Street) (City/town) (State)

(Phone with STD) (Email Id)

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 are the applicant's ministry plan 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.)