



New Life College

(A Ministry of Nava Jeeva Ashram)

Doctor of Ministry (D. Min) Application for Admission

Dear Applicant,

Thank you for your interest in studying at New Life College. We have enclosed the application for admission along with the prospectus. Please complete the application and submit the following items as early as possible before the due date.

1. Documents of ALL your academic history: Masters, Bachelors, High School (10th, 12th / PUC) and Theological, etc. Please provide copies of certificates and transcripts.
2. Your personal testimony outlining your salvation experience, call for ministry and why you believe NLC will equip you for effective ministry.
3. Pastor's recommendation (*form enclosed*).
4. Academic recommendation from your most recent institution (*form enclosed*).
5. Recommendation from the organization you are currently serving (*form enclosed*)
6. Financial Sponsorship (*form enclosed*)
7. Medical Assessment (*form enclosed*)
8. Recent passport size photograph "*affix one on the application*"
9. Application fee: send DD or transfer Rs. 500/- along with the application.
10. Application should reach New Life College on or before March 31st.

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 an interview letter from the admission office.

Sincerely,
Director of D.Min. Programme



New Life College
(A Ministry of Nava Jeeva Ashram)
Application for Admission
Doctor of Ministry (D. Min)

Affix Photo here

A) Personal Information

1. Name (*In block letters*)

(First name)

(Middle)

(Surname/Given Name)

2. Address

(Street)

(Town/City)

(State)

(Postal Pin Code)

(Phone with STD/ISD)

3. Date of Birth _____ Email Id _____

(Day/Month/Year)

4. Are you married? Yes No If married, Spouse's Name _____
Number of Children _____.

5. Parents _____

(First Name)

(Middle)

(Surname)

6. Address _____

(Street)

(Town/City)

(State)

(Country)

(Phone with STD/ISD)

7. Do you require housing on campus during your course? Yes No

8. List all the languages you know

Language	Speak	Read	Write

9. How did you come to know 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 currently in normal health? Yes No

If **No**, state any health problem _____

B) Education Information

12. High School (10th) graduated from _____ Year completed _____

13. PUC (12th) College attended _____ Year Completed _____

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

Name of College	Location	Degree received	Year Completed	Division/Grade
1.				
2.				
3.				
4.				
5.				

15. List any other Christian training.

a. _____

b. _____

c. _____

16. Have you applied to or attended New Life College before? Yes No

If yes, when? _____ and what course? _____

C) Christian Experience and Church Affiliation

17. When did you accept Jesus Christ as your Lord and Savior?

When? _____ and Where? _____

18. When did you receive water baptism?

When? _____ and Where? _____

19. Are you currently involved in Christian ministry? Yes No

Full time _____ Part time _____

State the nature of your ministry _____

20. What is your Church affiliation or denomination? _____

21. Have you served in a leadership role in Church or a Christian organization? Yes No

If Yes, state your role and involvement _____

22. List any other ministerial involvement (if any) _____

D) Recommendations

Please complete the section below (*This must not include your parents, family members or 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 you send to New Life College.

Pastor's Recommendation Name and Address: _____

Academic Recommendation Name and Address: _____

Organizational Recommendation Name and Address: _____

F) Financial Sponsorship

23. Who will be responsible for your fees during your course of study at NLC?

(Please circle one)

Sponsor / Parents / Guardian / Church / Applicant

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

Name of person/organization _____

Email : _____

Address _____

(Street)

(Town/City)

_____ *(State)*

_____ *(Country)*

_____ *(Phone with STD/ISD)*

G) 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 granted admission, 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)

50/12 Outer Ring Road, Bangalore 560043 INDIA

Telephone +91 8762600942

Email Address: dmin@newlifecollege.org

Pastor's Recommendation

Dear Pastor,

The applicant mentioned below has applied for admission to New Life College. Please complete this form to the best of your knowledge and kindly return it 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 of the Pastor: _____

Name of the Church: _____

Address: _____

(Street)

(City/town)

(State)

(Phone Number)

(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 spiritual gifts and talents does the applicant possess?

8. Does the applicant have any health problems that would interrupt 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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Academic Recommendation

The Academic recommendation is required from a teacher/ mentor. 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 of the admission process. Your evaluation will be kept strictly confidential. Thank you for your cooperation in this matter.

Name of the Applicant: _____

Name of the person recommending: _____

Address: _____

(Street)

(City/town)

(State)

(Phone Number)

(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 is the applicant's academic record during his/her studies at your institution?

6. 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			
Attitude towards studies			
Analytical Ability			
Research Skills			

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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Organizational 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 towards the admission process. Your evaluation will be kept strictly confidential. Thank you for your cooperation in this matter.

Name of the Applicant: _____

Name of the authorized person: _____

Name of the Institution/ Organization: _____

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

(Phone Number) (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 is the applicant's ministry record during his/her service at your institution?

6. Does the applicant have any health problems during his/her service at your institution 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 serve			
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 Assessment Form

Please fill out this form carefully to the best of your knowledge concerning the health of the applicant and return to the student in a sealed envelope. The information you provide is an important part towards the admission process. Thank you for your cooperation in this matter.

Name of the Applicant: _____

Doctor's Name: _____

Name of the Hospital/ Clinic: _____

Address: _____
(Street) (City/town) (State) (Postal Pin Code)

(Phone Number) (Email ID)

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", please 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 ticking any box below:

Excellent Good Average 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 Sponsorship Form

Dear Sponsor:

Please complete this form and return it to the applicant. It is the policy that the tuition fees are to be paid at the start of each session. Please send payment by transfer in favor of: New Life College, State Bank of India, Lingarajapuram branch, account number: 57004051595 IFSC code number: SBIN0017782 or make the draft in favor of New Life College, State Bank of India, Lingarapuram. Thank you for your financial support of the applicant.

Name of the Applicant: _____

Name of the Sponsoring Organization/Individual _____

Authorized Official's Name _____ Title _____
Address: _____

(Street)

(City/town)

(State)

(Postal Pin Code)

(Country)

(Telephone Number)

(Email Id)

By signing below, I agree to sponsor the studies of (*name of the student*)
_____ for the Doctor of Ministry
program at New Life College.

Signature: _____ Date: _____

(Please affix the official seal of the sponsoring organization below)