



# New Life College

50/12 Outer Ring Road, Kalyan Nagar PO  
Bengaluru 560043

Telephone: +918762600942 or +918296835390

Email: [admissions@newlifecollege.org](mailto:admissions@newlifecollege.org)

Dear Applicant,

Thank you for your interest to study at New Life College. We have enclosed the admissions application. Please complete the application for admissions and submit the following items as early as possible to be considered for admission to NLC.

- √ Documents of **ALL\*** your academic history. Master, Bachelors and High School (10<sup>th</sup>, 12<sup>th</sup> / PUC) Theological, etc. Please provide copies of certificates, and transcripts.
- √ Character certificate or letter of recommendation from the college/seminary you recently studied.
- √ Your personal testimony outlining your salvation experience, call for ministry and why also you believe NLC will equip you for future ministry.
- √ Pastor's recommendation (*form enclosed*).
- √ Academic recommendation from your most recent Institution (*form enclosed*).
- √ Organization recommendation from your sponsoring organization.
- √ Financial Sponsorship and a separate letter from the concerned person is necessary. (*form enclosed*)
- √ Medical Assessment (*form enclosed*).
- √ Recent passport size photograph affix one to the application.
- √ Sent DD or MO of Rs. 500/- application fee along with the application.
- √ Application can be mailed to NLC or emailed to [admissions@newlifecollege.org](mailto:admissions@newlifecollege.org).

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 indicating the decision of the committee.

Sincerely,  
Dean of Academics



**B) EDUCATION INFORMATION**

13. Name of School (10<sup>th</sup>) \_\_\_\_\_ Location \_\_\_\_\_

Date completed (10<sup>th</sup>) \_\_\_\_\_

14. Name Higher Secondary School (12<sup>th</sup>) or PUC College \_\_\_\_\_

Location \_\_\_\_\_ Date Completed \_\_\_\_\_

15. List **ALL** colleges studied after 12<sup>th</sup> or PUC (including theological training)

Name of College(s)	Location	Degree received	Date Completed	Class Grade
1.				
2.				
3.				
4.				
5.				

16. List any other Christian training?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

If yes, when? \_\_\_\_\_ What course? \_\_\_\_\_

**C) CHRISTIAN EXPERIENCE AND CHURCH AFFILIATION**

18. Have you accepted Jesus Christ as your Lord and Savior?  Yes  No

If Yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

19. Have you received water baptism?  Yes  No

If Yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

20. Have you fully committed your life to full-time Christian ministry?  Yes  No

If Yes, state your plans for ministry after graduation from New Life College \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

If Yes, state your role \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**D) 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.

24. Pastor’s Recommendation Name and Address: \_\_\_\_\_  
\_\_\_\_\_

25. Academic Recommendation Name and Address: \_\_\_\_\_  
\_\_\_\_\_

26. Organization Recommendation Name and Address: \_\_\_\_\_  
\_\_\_\_\_

**F) FINANCIAL INFORMATION**

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

(Please circle one) Sponsor / Parents / Guardian / Church / Applicant

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Contact Number \_\_\_\_\_ Email Id \_\_\_\_\_

**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: \_\_\_\_\_



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## 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?

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

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

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

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

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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 recommend the applicant to New Life College with some reservation
- I do not recommend this applicant 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

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?

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4. In your opinion, what are the strengths and weaknesses of the applicant?

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

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

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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 recommend the applicant to New Life College with some reservation
- I do not recommend the applicant to New Life College

Additional Comments (if necessary)

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

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





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## Organization 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)

\_\_\_\_\_  
(Mobile Phone) (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?

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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 recommend the applicant to New Life College with some reservation
- I do not recommend the applicant to New Life College

Additional Comments (if necessary)

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

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



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## Medical Assessment Form

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. 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 with STD) (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", proceed to question # 4.

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

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5. Based on your examination/evaluation, please rate the applicant's current health condition by ticking 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. It is the policy that the fees are paid in total 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.

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)

Hereby I/ we promise to sponsor the studies of \_\_\_\_\_

at New Life College in the amount of Rs. \_\_\_\_\_ each year.

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

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