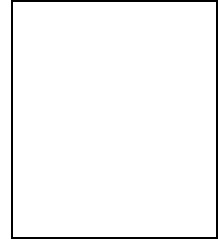




GREAT HARVEST THEOLOGICAL INSTITUTE

(Accredited by Asia Theological Association)

Address: No.4, Church Street, Morai Main Road, Morai, Avadi,
Chennai 600055 e-mail: greatharvestti@gmail.com
Website: greatharvesttheologicalinstitute.com
Phone: 7339379208, 9496304045, 9014434399.



APPLICATION FOR ADMISSION

Tick the course you are applying for

Courses Offered	Duration	Qualification
☐ Master of Divinity	2/3years	Any Degree (UG) / B. Th (ATA/Non)
☐ Bachelor of Theology	3years	+12Passed
☐ Diploma in Theology	2 years	10 th Passed
☐ Certificate in Theology	1 year	-

THE APPLICATION MUST BE FILLED IN CAPITAL LETTERS ONLY

- Full Name** : _____ **Gender:** Male/Female
 Age & Date of Birth : _____ Mother Tongue : _____
 Place of Birth : _____
- Name of the Father/Mother/Guardian** : _____
 Occupation of your Father : _____ Mother : _____
- Marital Status** :

Single	Engaged	Married
--------	---------	---------

 (Please Tick)
- Correspondence Address** : _____
 State : _____ District : _____ Pin Code : _____
 Country : _____ Phone: _____ Email: _____
- Permanent Address** : _____
 State : _____ District : _____ Pin Code : _____
 Country : _____ Phone: _____ Email: _____
- Educational Qualification** : _____

Course of Study	Subject/Group	Period of study	Percentage	Name of the college/ Institution

7. Mention the languages that you know : _____
8. Have you accepted Jesus as your Personal Saviour? _____ When _____
9. Are you baptized (Immersion)? _____ If yes, when? _____
10. What is your Church affiliation? _____
11. Name and Address of your local church/Pastor _____

12. How long have you been a member of this church? _____
13. What is your present involvement in your church/any other ministry?

14. Do you have the assurance of being called for fulltime ministry?

15. Have you received any theological training? (Please tick one) If yes: C. Th, Diploma/Degree you have completed
16. Name and address of the institution you have studied: _____

Duration of Course: From _____ to _____
17. Have you ever discontinued any course of study? If yes, state the reason _____
Name of the institution _____
18. Have you ever used drugs/liquor/tobacco in any form? (Please tick one) Yes ☐ No ☐

If yes, give name/s and duration _____

19. Do you have a habit of taking drugs/liquor/tobacco in any format present?

20. Do you have any police case (Civil/Criminal) pending? _____ if yes, give details:

21. Do you have any technical qualification(s)? _____ if yes, give details:

22. Do you have any talents in the areas of music/painting/writing or the like? _____ If yes, give
details: _____
23. Do you have any professional training in computer software, hardware, photography, audio & video recording?
_____ If yes, give Detail _____
24. What is your present occupation? _____
25. Has anyone from your family ever done or is doing a course at GHTI (GHBC)? _____ If yes, the name the
person, year and program of the study:

26. How did you come to know about Great Harvest Theological Institute?

27. State the reasons as to why you chose GHTI for your study:

28. Give the name and contact number/ mobile number of the Christian friend/teacher who knows you well:

_____ Phone _____

29. Give the name(s) and address(es) of the sponsor(s) or parents who will be responsible for your fee, medical, travel and other expenses.

30. Give the name and address of the person with whom we may communicate your academic and spiritual performance while you study here:

FOR OFFICE USE

Admission No

:

Received On

:

Admission Granted

:

Yes / No

Acknowledgement Given

:

Yes / No

Admission fee paid

:

Yes / No

Entrance Exam Result

:

Pass / Fail



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DECLARATION BY THE STUDENT

I, _____, do here by solemnly affirm and declare as under: - I am neither engaged in nor am intending to undertake any course of study in any other university other than theological Studies during the period of my Study (M.Div., B.Th., Dip. Th and C. Th) In Great Harvest Theological Institute.

I understand that if I am engaged in/Registered for any concurrent degree/Diploma course of any other university, my registration shall be cancelled. I understand that the degree can be revoked, If I am found pursuing any Other Degree/ Diploma during my registration with the College.

Date of Application:
.....

Signature:

The Admission Process

Admission process consists of tests and interviews-the preliminary entrance tests and final Admission interview. The entrance examination will be conducted at the College Premises. The entrance examination covers the following areas: 1) Bible Knowledge 2) General Knowledge 3) English Bible and General knowledge shall be tested in a one sitting examination of 3 hours. The English examination shall be of two hours. However, the candidates applying for B.Th. after the successful completion of Dip.Th. are required to write qualifying paper in place of Bible knowledge and General knowledge. This covers areas of Biblical studies, Theology, History of Christianity, Christian Ministry and Mission. Passing the entrance test will make candidate eligible for the personal interview.



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Medical Certificate

(To be filled by only a registered medical practitioner)

1. Name of the applicant: _____
- Age: _____ Height: _____ Weight: _____ Blood Group: _____
2. How is the candidate's eyesight? _____
3. Glasses recommended: _____
4. How is the candidate's hearing? _____
5. What is the condition of the candidate's teeth? _____
6. Does the candidate have any contagious skin disease? _____
7. Is there any sign of heart disease? _____
8. How is the general physical condition? _____
9. Are there signs of tuberculosis? _____
10. Is there any evidence of venereal disease? _____
11. Does the candidate suffer from epilepsy or fits? _____
12. Does the candidate suffer from malaria? _____
13. Does the candidate have any contagious disease? _____
14. Has the candidate suffered from any chronic illness? _____ If yes, specify

15. Is the candidate suffering from hypertension or any family history of diabetics or asthma? _____
16. Is the candidate suffering or showing any symptoms of jaundice, allergy, or intolerance to drugs?
_____ Has the candidate been immunized against the following?

Typhoid:

Date:

Tetanus:

Date:

Cholera:

Date:

17. Have you taken Corona Vaccination? _____, Please provide certificate along with the documents

Having personally given a thorough examination to Mr./Mrs./Miss _____

I hereby certify that to the best of my knowledge, he or she is free from all contagious and infectious diseases.

Other remarks if any: -----

Doctor's Name : _____

Date : _____ Doctor's Signature with Seal

Contact Number: _____



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SPONSOR FORM/FEE DECLARATION

(This form must be filled in by the sponsor/parent/family member clearly stating the fee amount to be paid for the candidate).

Full name of candidate (In Block Letters)

Name of Sponsor/Parent/ Family member: _____

I /We hereby declare that I/We will pay Rs. _____/- per month, for the academic year 20____
to 20____. M.Div. (3 years) _____, B.Th. (3 years) _____, Dip. Th (2 years)
_____, C. Th (1 Year) _____

For the ministerial training and theological education at Great Harvest Bible College, Chennai. In case of **any medical expenses** incurred by the student, I/We will pay that in addition to the above pledged amount.

Address of the sponsor:

Contact mobile: _____ Email: _____

Date: _____

Signature: _____

*****SCHOLARSHIP WILL BE GIVEN ONLY TO DESERVING CANDIDATES*****



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PASTOR/ LEADER/ ELDER LETTER OF REFERENCE & RECOMMENDATION

Please answer all questions from your independent evaluation of the candidate. All information given will be **treated confidentially**. After filling this form, **please post it directly to the Dean of Admissions (Registrar)**, at the above address.

Name of the applicant _____

Applicant's Address.

Please Note: The above-named applicant has applied for admission to Great Harvest Theological Institute and is asking you to furnish a reference. Ours is a Christian institution and as such, our aim is to train only those students who are spiritually and academically qualified for ministry. It is essential that you be frank and accurate in your remarks and estimations.

Thank you for your help.

1. Name & designation of the Pastor _____
2. State your relationship with the applicant _____
3. How long have you known the applicant? _____ In what capacity? _____
4. How well do you know the applicant? _____
5. Does the applicant's speech and conduct consistently exhibit his/her Christian beliefs?
6. How is the applicant regarded by his/her friends and community?

-
7. Has the applicant been a member in good standing and actively serving in the church /Community?

In what capacities?

-
8. What do you consider to be his/her strengths of personality and talents?
-

9. What do you consider to be his/her areas where personality development is needed?

10. Your knowledge about the applicant's commitment to Christ?

11. State applicant's involvement in the local Church/any other Christian Ministry.

12. What are the weaknesses you see in the applicant?

13. Has the applicant been addicted to any kind of drugs, tobacco or alcohol?

If yes, give details

14. Is he / she physically fit enough to go through a rigorous training?

15. What is his/her financial position?

16. State your opinion of the applicant's general maturity and relationship with others

17. Please tick any one of the following: -

a) I strongly recommend the candidate

b) I recommend the candidate

c) I do not recommend the candidate

In case of any need concerning this candidate during his/her period of study, I will be happy to take responsibility to the best of my ability.

Place:

Date:

Signature and Official Seal

Telephone No: _____ E-mail: _____

Address: _____

IMPORTANT INSTRUCTIONS

The applicant must fill the application in his/her own handwriting. Illegible or incomplete application will not be considered. The following documents must be attached to the application.

1. Statement of personal Christian experience.
2. Recommendation from applicant's Local Pastor on the Church's letter head and Church Leaders concerning character, spiritual life and duration of membership in the church of the applicant.
3. Attested photocopies of **ALL ACADEMIC CERTIFICATES/MARK SHEETS** (Candidates who are awaiting results or Degree, should mention it specifically. In such cases, send copies of the other certificates, especially the mark sheets).
4. Passport size photographs.
5. Completed Medical Form by a registered medical practitioner. You are requested to undergo a thorough medical examination and send/keep such reports for verification.
6. Completed Sponsorship and Fee Declaration Form.

Please Note:

1. Kindly give the recommendation letters, to one who knows you well to be filled.
Most preferably local pastor. Those who recommend should mail these forms directly to the college.
2. **SCHOLARSHIP WILL BE GIVEN ONLY TO DESERVING CANDIDATES.**

APPLICATIONS RECEIVED WITH OUT NECESSARY DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IN CASE OF SOME UNAVOIDABLE DELAY, PLEASE ATTACH A NOTE GIVING THE REASON FOR THE MISSING DOCUMENT.

REGISTRAR

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