



Application Form

Incomplete application will not be accepted.

Please affix
a recent
passport size
color photograph

1. Surname: _____

2. First Name: _____

3. Middle Name: _____

(Please use BLOCK letters)

4. Gender: Male Female

5. Present Address: _____

6. Permanent Address: _____

7. Date of Birth: _____ 8. Place of Birth: _____

9. Phone: _____ Mobile: _____ Email: _____

10. Marital Status: Single Married Divorced Separated Widowed

11. If married, give name of your Spouse: _____

Occupation of your Spouse: _____

Ages of children if any: _____

12. Your present occupation: _____

13. Name of Parent/Guardian: _____

14. Occupation of Parent/Guardian: _____ 15. Phone/Mobile: _____

16. What is your Church affiliation: _____

17. Give the Name and Address, Phone number of your Pastor: _____

18. List any Ministry experiences or Christian responsibilities you have been involved in:

. Lead Singing: Yes / No

. Preaching: Yes / No

. Teaching Sunday School: Yes / No

. Witnessing: Yes / No

. Anything else?: _____

Equipping you with the passion of Christ



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19. Why do you intend to join this course ?

20. What are your plans for the future ?

21. Do you play any musical instruments ? Yes / No which ones _____

22. Give the names of two responsible persons (not related to you) for reference

1. Name: _____

2. Name: _____

Address: _____

Address: _____

23. Write your testimony in detail below. Please use additional sheet if required.



Menorah Bible School

In the Light there is no darkness at all

Medical Fitness Certificate

I certify that Mr. / Ms. _____

S/o / D/o _____ of _____ (place)

has today been examined by me.

- . Has he/she suffered any emotional illness ? Yes / No
- . Has he/she suffered any recent head injuries ? Yes / No
- . Does he/she suffer from epilepsy ? Yes / No
- . After your examination, could he/she undertake an 12 week study course and field training ? Yes / No

Station: _____

Signature / Seal of Medical Officer: _____

Date: _____

Registration Number: _____

Address:

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Declaration

I, _____ S/o / D/o _____

Hereby declare that the information furnished in this form is correct to the best of my knowledge. Further, I pledge that if selected for the course, I shall abide by the rules and regulations of the school and that upon completion of the course I will attempt to faithfully serve the Lord in the place He chooses for me.

Signature of the Applicant _____ Date: _____

Declaration of Parent / Guardian

I, _____ Father / Guardian of my Son / Daughter do promise to bear the full responsibility of my word and thus agree to the rules and regulations of the school, if he / she is admitted.

Signature of the Parent / Guardian _____ Date: _____

Declaration by the head of the Church / Legal sponsoring body

Mr / Ms. _____ S/o / D/o _____

A member of our Church / Organization through _____ (unit / dept.) is recommended for admission into the Certificate course of Ministry.

Our Church / Organization will encourage and prayerfully support this student during his / her time of training at the school.

Authorized Signatory and Seal _____ Date: _____