

Pastor/Christian Leader's Reference

To the Applicant

Please complete the following information and forward this form to your Pastor or a Christian leader who could provide a reference for you. This form should be completed by the person and sealed in the envelope and sent along with the application form.

Name of Applicant _____

Program Applied to: _____

To the Pastor/Christian Leader

The above individual is applying for admission to Global School of Counselling. Admission eligibility is dependent upon a careful evaluation of your Recommendation. We rely heavily on you, to help us distinguish between those students who are spiritually, socially, and emotionally mature enough to find success here, and those who are not. Therefore, we value your comments very highly and request you to complete this form carefully. This document will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____
2. How long has the applicant been a member of your church? _____
3. Is the applicant related to you? Yes No If yes, in what relationship? _____
4. Does the applicant have any health problems? Yes No If yes, please explain briefly? _____

5. How would you rate the applicant in the following areas: (Please mark with ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Christian Commitment					
Spiritual Maturity					
Christian Character/Testimony					
Attitude to authority					
Ability to study in English					
Sense of Responsibility					
Willingness to learn					
Ability to work with others					
Integrity/Honesty					
Willingness to help others					
Leadership ability					
Relationship with the Family					

6. How would you rate the applicant's financial ability to support himself/herself at the School of Counselling?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
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7. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

8. In your opinion, what areas of the applicant's life would need special attention here at the School of Counselling?

9. Would you like us to call you to discuss this student? Yes No

10. **Recommendation:** I strongly recommend I recommend with reservation I do not recommend

Please print the information below about yourself:

Name _____

Name of the church _____ Denomination _____

Position _____

Address:

Street	Town/City	State
Pincode	Phone	Email

Signature _____

Date _____

Academic Reference

To the Applicant

This form is to be completed by your professor who has taught you in your most recent graduate level degree. Please print your name and address neatly.

Name of Applicant _____

Program Applied to: _____

To the Referee

The person named above is applying for admission to the Global School of Counselling and has requested a reference from you. We really appreciate your honest and accurate remarks and estimations. All information given will be treated as strictly confidential. Please complete this form and return it to the applicant, sealed in an envelope. Thank you for your assistance.

- How long have you known the applicant? _____
- How would you rate the applicant in the following areas: (Please mark with ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Handles abstract concepts					
Handles academic workload					
Writing skills					
Study habits					
Flexibility					
Initiative					
Hardworking					
Persevering					
Team dynamics					
Integrity					
Leadership ability					

- Please comment on the applicant's aptitude for the counseling programme.

4. Please comment on the applicant's strengths and areas needing improvement.

5. In your opinion, what areas of the applicant's life would need special attention here at the School of Counselling?

6. Would you like us to call you to discuss this applicant? Yes No

7. **Recommendation:** I strongly recommend I recommend with reservation I do not recommend

Please print the information below about yourself:

Name _____

Position _____

Address:

Street	Town/City	State
Pincode	Phone	Email

Signature _____

Date _____

Finance and Sponsorship Form

Sponsorship Information:

Name of the Applicant: _____

Are you sponsored by a church/organization/sponsoring agency? Yes No

If yes, please state the name of the sponsoring body. _____

If no, please state who will be responsible for paying your fees. _____

Name and address of the Sponsoring Organization / Individual:

Address:

Street	Town/City	State
Pincode	Phone	Email

Sponsorship Statement

Kindly treat the statement of sponsorship serious. The college holds you responsible to fulfill the financial commitment.

STUDENT'S COMMITMENT

I understand that I am responsible for paying the sum of ₹ _____ this year towards my fees

I expect to pay the same through the following sources of income.

Family:	₹	_____	
Sponsor:	₹	_____	
Others	₹	_____	(specify) _____
TOTAL:	₹	_____	

Signature: _____

Date: _____

SPONSOR'S COMMITMENT

I hereby solemnly undertake to pay the sum of ₹ _____ per year towards the financial support of Mr./Ms. _____ for one year / two years upon his/her admission to the CGLD School of Counselling.

**Official Seal of the
Sponsoring organization**

Signature: _____

Name: _____

Date: _____

Medical Certificate of Physical Fitness

Name _____ Age _____

HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION

Jaundice _____ Surgeries _____

Tuberculosis _____ Allergy to any drugs/food _____

Congenital troubles _____ Rheumatic heart _____

Epilepsy _____ Respiratory problems _____

Long-term treatment _____

FAMILY HISTORY

Blood Dyscrasia/Haemophilia _____ Hypertension _____

Diabetes _____ Asthma _____

GENERAL PHYSICAL EXAMINATION

ENT Examination _____

Eye _____

Cardio-vascular system _____

Respiratory system _____

Abdominal examination _____

Central nervous system _____

LABORATORY EXAMINATION

BLOOD - Hb, TC, PC, ESR _____

VDRL _____ RBS _____ Group _____ Rh factor: _____

Hbs Ag _____

STOOL - Occult blood _____

Ova/Cyst _____

URINE – Micro _____

SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT

I do hereby certify that, to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date _____

(Doctor's signature and Reg.No.)

Address _____

Phone : _____