



Centre for Global Leadership Development

Pastor's Recommendation

To the Applicant

Please complete the following information and forward this form to your Pastor for completion. This form should be completed by the leader and sealed in the envelope provided and sent along with the application form.

Name of Applicant _____

Program Applied to _____

To the Pastor

The above individual is applying for admission to CGLD. Admission eligibility is dependent upon a careful evaluation of the Pastor's Recommendation. As a ministry training institution, we see ourselves as an extension of the mission and work of the local church, preparing leaders and workers to serve in significant ways in the church and missions. Consequently, we rely heavily on you, the Pastor, 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 CGLD?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
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7. If the applicant needs financial help or is unable to pay fees, how and to what extent will your church be able to help?

Take full responsibility	Raise support	Help partially	Not be able to help at all
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8. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

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

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

11. **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
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Pincode	Phone	Email
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Signature _____

Date _____



Centre for Global Leadership Development

General Reference 1

To the Applicant

This form is to be completed by one of the two people whose names you have given as references in your application form. Please print your name neatly and forward this form to the person. The completed form should be sealed in the envelope provided and sent along with the application form.

Name of Applicant _____

Program Applied to _____

To the Referee

The person named above is applying for admission to CGLD. . Admission eligibility is dependent upon a careful evaluation of your recommendation. We highly value 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 the envelope provided. Thank you for your assistance.

1. How long have you known the applicant? _____
2. Is the applicant related to you? Yes No. If yes, in what relationship? _____
3. Does the applicant have any health problems? Yes No. If yes, please explain briefly. _____

4. To what extent is the applicant engaged in Christian Ministry activities? (Please mark with ✓ along the scale below.)

Enthusiastic	Co-operative	Seldom participates	Attends irregularly
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5. What is the applicant's spiritual influence on his/her peers? (Please mark with ✓ in the appropriate column)

Evangelistic	Positive	Neutral	Negative
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6. 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					
Leadership ability					
Relationship with the family					

7. How would you rate the applicant's financial ability to support himself/herself at CGLD?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
---------------------------------	----------------------	---------------	----------------------

8. Please comment on any positive or negative characteristics you may have observed in the life of the applicant. (personal, social, family, etc.)

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

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

11. **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
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Pincode	Phone	Email
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Signature _____

Date _____



Centre for Global Leadership Development

General Reference 2

To the Applicant

This form is to be completed by one of the two people whose names you have given as references in your application form. Please print your name neatly and forward this form to the person. The completed form should be sealed in the envelope provided and sent along with the application form.

Name of Applicant _____

Program Applied to _____

To the Referee

The person named above is applying for admission to CGLD. . Admission eligibility is dependent upon a careful evaluation of your recommendation. We highly value 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 the envelope provided. Thank you for your assistance.

1. How long have you known the applicant? _____
2. Is the applicant related to you? Yes No. If yes, in what relationship? _____
3. Does the applicant have any health problems? Yes No. If yes, please explain briefly. _____

4. To what extent is the applicant engaged in Christian Ministry activities? (Please mark with ✓ along the scale below.)

Enthusiastic	Co-operative	Seldom participates	Attends irregularly
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5. What is the applicant's spiritual influence on his/her peers? (Please mark with ✓ in the appropriate column)

Evangelistic	Positive	Neutral	Negative
--------------	----------	---------	----------

6. 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					
Leadership ability					
Relationship with the family					

7. How would you rate the applicant's financial ability to support himself/herself at CGLD?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
---------------------------------	----------------------	---------------	----------------------

8. Please comment on any positive or negative characteristics you may have observed in the life of the applicant. (personal, social, family, etc.)

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

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

11. **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
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Pincode	Phone	Email
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Signature _____

Date _____



Centre for Global Leadership Development

Finance Sponsorship and Scholarship 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 fulfil the financial commitment.

STUDENT'S COMMITMENT

I understand that I am responsible for paying the sum of Rs. _____ this year towards my fees at SABC.

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

Family:	Rs.	_____
Sponsor:	Rs.	_____
Others	Rs.	_____ (specify) _____
TOTAL:	Rs.	_____
	Rs.	_____

Signature: _____

Date: _____

SPONSOR'S/PARENT'S COMMITMENT

I hereby solemnly undertake to pay the sum of Rs. _____ per year towards the financial support of Mr./Ms. _____ for one / two / three year(s) upon his/her admission to Southern Asia Bible College.

**Official Seal of the
Sponsoring organization**

Signature: _____

Name: _____

Date: _____

DECLARATION:

I hereby solemnly declare that all the information given above is true to the best of my knowledge. I understand that any information found to be inaccurate will lead to penal action including summary dismissal from the college. I also assure that if I am provided any financial aid or work-scholarship, I will gladly fulfil all the necessary work requirements to the complete satisfaction of my supervisor. I also promise that if there is any change of situation in my financial status, I will inform the college at the earliest.

Name _____

Signature _____

Date _____



Centre for Global Leadership Development

Medical Certificate of Physical Fitness

Name _____ Age _____

HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION

Jaundice _____

Tuberculosis _____

Congenital troubles _____

Rheumatic heart _____

Epilepsy _____

Respiratory problems _____

Any other (Please specify) _____

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 _____

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 _____



Centre for Global Leadership Development

Write (*handwrite*) your personal testimony in about 500 words. Include the following:

- a note about your family and upbringing,
- persons and events that have been instrumental in your becoming a believer,
- your call to Christian Ministry,
- your experience in ministry and
- your specific desire as to what you would like to become.

