

All Nations Theological Seminary

Accredited by Asia Theological Association

Nemai P.O. Matigara -734010 Siliguri, West Bengal INDIA

Tel: +91 7602311180, Email: allnationseminary@yahoo.com, www.ants.ind.in

Registration Nos:
ANTS/2023/_____

ATA _____

ADMISSION FORM ACADEMIC YEAR: 2023 - 2024

Affix a passport size
photo of yourself here

Please select the course you wish to apply for:

- Master of Divinity (Two Year)
 Master of Divinity (Three Year)
 Bachelor of Theology (Three Year)
 Diploma in Theology - Non ATA (Two Year)

I. Personal Data

1. Full Name (Block Letters) : _____
2. Permanent Address : _____
Pin: _____ State: _____ Country: _____
3. Present Communication Address : _____
Email: _____ Mobile No. _____
4. Father's/Guardian's Name : _____
Email: _____ Mobile No. _____
5. Date of Birth : _____ Age: _____ Sex _____
6. Place of Birth & State : _____
7. Nationality & Mother Tongue : _____
8. Marital Status: Single Married Divorced Engaged
If Married When? _____ No. of Children _____

FOR OFFICE USE ONLY

Entrance Result	Scripture Knowledge	English	General Knowledge	Biblical Studies	Christian Ministry	Christian Theology	Oral Interview
Verification of Certificates Enclose	10 th Pass/SSLC	12 th Pass/HSC	Diploma	University Graduate	Theological Graduate	Other Certificates	
Admission Granted to Course	Dip. Th.	B. Th.	M. Div. Three Year	M. Div. Two Year			
Other Remarks							

Registrar

Academic Dean

Principal

II. Academic Background

Description	Name of the School/College/Institution	Medium of Instruction	Year of Completion	Percentage of Marks Obtained
10 th Pass/SSLC				
12 th Pass/HSC				
Graduation				
Any Other				

III. Christian Experience and Church Affiliation

1. When did you receive Jesus Christ as your Lord and Saviour? _____
2. Have you taken water baptism? Yes No If so, when _____
3. How do you know that you are called for ministry? _____

4. Name of your Church/denomination and affiliation _____
5. For how long you have been a member of this church? _____
6. What is your present involvement in the church? _____
7. Briefly explain your involvement in Christian ministry. _____

8. Why do you want to join in All Nations Theological Seminary? _____

III. Financial Information

1. How do you plan to finance your studies? a. Self b. Parents/Guardians c. Church d. Other
(Please provide the details about your sponsorship in the attached financial guarantee form)

IV. Reference

Please provide the name and address of two persons for ecclesiastical and academic references who would fill up the reference forms on your behalf. Please have these persons complete the reference forms and send them to you in sealed envelopes, include these with the application form as you send them to the admission office.

Ecclesiastical Reference

Pastor' Name : _____

Address _____

Pin _____ State _____ Country _____

Mobile No. _____ E-mail _____

Academic Reference

Name : _____

Address _____

Pin _____ State _____ Country _____

Mobile No. _____ E-mail _____

V. Declaration and Pledge

I, _____, hereby declare that all the details, as mentioned above, are in accordance with my knowledge. I understand that any false and misleading information given above may result in the disqualification of my admission to the All Nations Theological Seminary. I assure you that, if I am admitted, I will abide by all the rules and regulations of the Seminary and will maintain the standard of Christian conduct on and off campus. I will try to maintain a very high academic standard and lead a life worthy of the calling I have received. I will submit to the spirit of unity and love, and to the right of the Seminary administration to take any appropriate disciplinary action against me if I am found violating the rules of the Seminary.

Signature of the applicant

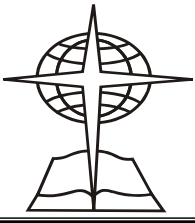
Date

VI. Documents Required

1. Xerox copies of the Educational Certificates and Mark sheets from class 10th onward.
2. Medical Certificate as in the Form Appended
3. Financial Guarantee Letter as in the Form Appended
4. Reference forms as in the Form Appended
5. One Page Testimony
6. Baptism certificate
7. No Objection Certificate (In-case of Transfer)
8. Non-Refundable Application Fee of Rs. 100/-
9. Xerox copies of PAN Card and Aadhaar Card
10. At the time of admission all the original documents have to present for official verification.

Send the duly filled in application with all documents to:

The Admission Office, All Nations Theological Seminary
Nemai P.O. Matigara -734010 Siliguri, West Bengal INDIA



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ECCLESIASTICAL REFERENCE FORM

Name of the Applicant: _____

The aforementioned applicant applied for B.Th./M. Div. program in All Nations Theological Seminary. We would appreciate your evaluation of the candidate's commitment to God, spiritual maturity, character, and leadership skills. Your information will remain completely confidential. Please return this form directly to our admission office at the address above or in a sealed envelope to the applicant.

1. How long have you personally known the applicant? _____

	Not Observed	Weak	Fair	Good	Out Standing
2. Spiritual Maturity & Commitment					
A. Relationship to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Relationship to spouse/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Relationship to Church body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Relationship to those outside the church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Knowledge of God and His Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Commitment to God and Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Gifts and potential for ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Observed	Weak	Fair	Good	Out Standing
3. Character & Leadership Skills					
A. Faithfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Humble, Teachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Able to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Able to manage people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Able to plan and organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Able to motivate others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does the applicant have proper acceptance with local Christian Community? _____

5. What might be the main hindrance to the applicant's time of study at ANTS? _____

6. State your reasons for recommending this applicant to study in ANTS. _____

7. A. Highly recommend B. Recommend C. Recommend with reservation D. Do not recommend

Pastor's Name:

Signature

Church Name:

Seal

Date:

Email:

Contact No.



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ACADEMIC REFERENCE FORM

Name of the Applicant: _____

The aforementioned applicant applied for B.Th./M. Div. Program in All Nations Theological Seminary. We would appreciate your evaluation of his/her academic ability, spiritual maturity, and character and leadership skills. Your information will be kept strictly confidential. Please return this form directly to our admission office at the above-mentioned address or in a sealed envelope to the applicant.

1. How long have you personally known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How would you assess the applicant's abilities in the following areas?	Not Observed	Weak	Fair	Good	Out Standing
A. Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Faithfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What might be the main hindrance to the applicant's time of study at ANTS? _____

5. A. Highly recommend B. Recommend C. Recommend with reservation D. Do not recommend

Name:

Signature:

Designation:

Seal

Date:

Email:

Contact No.



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MEDICAL CERTIFICATE

(To be certified by a Registered Medical Practitioner)

Having carefully examined the candidate, Mr. /Ms. _____ I hereby certify to the best of my knowledge that he/she is free from disease, which could endanger others and is physically fit to carry on with the proposed studies.

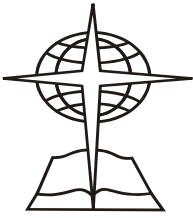
Remarks (If any) _____

Signature of the Doctor

Reg. No.

Official Stamp

Date:



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FINANCIAL GUARANTEE FORM

(To be completed by a sponsor)

Name of the Applicant: _____ Program Applied: _____

Tick your preference to pay the Fee: 1. With work scholarship () 2. Without work Scholarship ()

This section must be completed and signed by the student's sponsor and returned to the Seminary. The Annual Fee for the academic year 2023 – 2024 as per the program is:

Program	Fee with work scholarship	Fee without work Scholarship
Diploma in Theology	40000	55000
Bachelor of Theology	57500	73500
Master of Divinity	64500	82500

In addition to the above amount, the student must pay extra Rs 3500 for the uniform at the time of entry. Each academic year, the total amount will be increased by five percent.

The applicable amount can be paid in two instalments. A minimum of 50% of the total amount should be paid at the time of admission i.e., in the month of June and the rest should be paid in the first week of November.

The amount may be transferred or send DD/Cheque in favour of **Gospel Crossing Asia** (RTGS/NEFT, IFSC: ICIC0003332, A/C No. 333201000157. Please do provide your PAN detail and deposited receipt to our office as soon as the money is deposited.

Answer either No. 1 or No. 2 of the below:

1. Name of sponsor(s) if sponsored by individual (s) _____

Address _____

Pin _____ State _____ Country _____

Contact No. _____ Email: _____

2. Name of sponsoring organization/Church _____

Name of the Executive Director/President of the organization _____

Address _____

Pin _____ State _____ Country _____

Contact No. _____ Email: _____

3. Duration of sponsorship (please tick one of the following)

One year

Two year

Three year

STATEMENT OF SPONSORSHIP

I/We hereby solemnly undertake the full financial sponsorship of _____ upon his/her admission to All Nations Theological Seminary, in accordance with the terms stated above.

Signature

Official Seal (if an Organization)

Date