

# All Nations Theological Seminary

Accredited by Asia Theological Association

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

Contact No. 7602311180 Email: [allnationseminary@yahoo.com](mailto:allnationseminary@yahoo.com).

## ADMISSION FORM

### ACADEMIC YEAR: 2025 - 2026

Registration Nos:  
ANTS/2025/\_\_\_\_\_

ATA \_\_\_\_\_

Affix a passport size  
photo of yourself here

**Please select the program you are eligible to pursue:**

- Master of Divinity (Two Years)  
 Master of Divinity (Three Years)  
 Bachelor of Theology (Three Years)

### I. PERSONAL DATA

1. Full Name (Block Letters) : \_\_\_\_\_

2. Permanent Address : \_\_\_\_\_

Pin: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

3. Present Address : \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No. \_\_\_\_\_

4. Guardian's Name : \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No. \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

6. Place of Birth : \_\_\_\_\_

7. Nationality : \_\_\_\_\_

8. Marital Status:  Single  Married  Divorced  Engaged

If Married When? \_\_\_\_\_ No. of Children \_\_\_\_\_

### II. ACADEMIC BACKGROUND

Description	Name of the School/College/Institution	Medium of Instruction	Year of Completion	Percentage of Marks Obtained
10 <sup>th</sup> Pass/SSLC				
12 <sup>th</sup> 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. Briefly explain your involvement in Christian ministry. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. 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 out 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's Name : \_\_\_\_\_

Address \_\_\_\_\_

Pin \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

Academic Reference

Name of your teacher : \_\_\_\_\_

Address \_\_\_\_\_

Pin \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

## V. DECCLARATION 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 my disqualification from 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 the expected 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.

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Signature of the applicant

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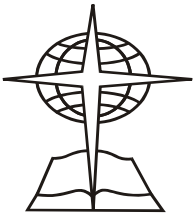
Date

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## VI. Documents Required

1. Photo copies of the educational certificates and mark sheets from 10th grade onwards.
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. Photo copies of Aadhaar card
9. At the time of admission, all the original documents have to be submitted for official verification.

**Send the duly filled-in application with all documents to:**  
The Admission Office at All Nations Theological Seminary  
Nemai P.O. Matigara, 734010 Siliguri, West Bengal, India  
Or mail it to our email: [allnationseminary@yahoo.com](mailto:allnationseminary@yahoo.com).



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Contact No. 7602311180 Email: allnationseminary@yahoo.com.

## ECCLESIASTICAL REFERENCE FORM

(To be filled out by your pastor)

Name of the Applicant: \_\_\_\_\_

The aforementioned applicant has applied for the B.Th./M.Div. program at 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 (To be filled out by any of your current teachers)

Name of the Applicant: \_\_\_\_\_

The aforementioned applicant applied for the B.Th./M.Div. program at All Nations Theological Seminary. We would appreciate your evaluation of his or her academic and leadership abilities. 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 or she is free from disease, which could endanger  
others, and is physically fit to carry on with the proposed studies.

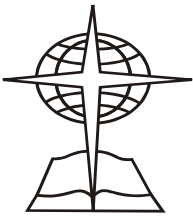
Remarks (If any) \_\_\_\_\_

Signature of the Doctor

Reg. No.

Official Stamp

Date



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## FINANCIAL GUARANTEE FORM

(To be filled out 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 2025– 2026 as per the program is:

Program	Fee with work scholarship
Bachelor of Theology	59500
Master of Divinity	67500

Note:

- In addition to the above amount, the student must pay extra Rs 3500 for the uniform at the time of entry.
- All students enrolled in ANTS are expected to do about an hour of manual work from Monday to Saturday as a part of their general scholarship. However, any student who does not wish to do daily manual work may do so by paying an extra Rs 16,000 per year. The total fees will be increased by 2–3 percent in each academic year.

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.

1. Name of sponsor(s) Individuals/Parents/Church/Organization/Any other \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Pin \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Contact No. \_\_\_\_\_ Email: \_\_\_\_\_

2. Duration of sponsorship

One year

Two year

Three year

### STATEMENT OF SPONSORSHIP

- I/we hereby solemnly undertake the full financial sponsorship of \_\_\_\_\_ upon his or her admission to All Nations Theological Seminary, in accordance with the terms stated above.

Signature

Official Seal (if an Organization)

Date