

HIMALAYAN BAPTIST SEMINARY

(An Associate member of Asia Theological Association)

Babubasa, Debidanga, P.O. Anchal, Champasari, 734003 Dist. Darjeeling, WB

Phone: (0353) 2577032/ 9434040976 Email: hbseminary@gmail.com

Dear Prospect Student,

Greetings to you in the name of our Lord and Savior, Jesus Christ. The HBS is glad to know that you are interested to undergo your ministerial training with us. First of all, we assure you an excellent in academic programs at HBS and we will provide you with ample opportunities to develop and discover your skills for successful ministry in near future.

Please find enclosed a complete set of our application forms and a copy of the prospectus. Before you begin to fill in the application forms, take time to study the prospectus. It is most important that you answer all questions on the application forms CLEARLY, ACCURATELY and SINCERELY. Your application may not be considered if the information given to us is unclear, or if we find evidences of insincerity.

Following are the documents that you must send back to us:

1. Application for admission (**green form**): must be completed by the applicant with own handwriting.

Make sure your address is in capital letters.

2. Photograph: must be recent and should be affixed at the appropriate place.

3. Personal Statement of Christian Experience (Salvation Testimony): must be completed by the applicant with own handwriting.

4. Letter of Recommendation for Application): must be given to three people listed by you in item No. 23 of the green form. The person recommending must send the completed form directly to the Seminary.

5. Medical Form: must be completed by an MBBS doctor. If a student is found to have any major illness that is not disclosed in this form, he/she will be dismissed from the Seminary.

6. Financial Statement by Sponsor: must be completed by the sponsor, and should clearly indicate the amount the sponsor is willing to pay.

7. Pledge: After carefully studying the rules of conduct, the applicant must sign the pledge in the presence of two witnesses as required.

8. Mark List: An attested photocopy of your mark list and certificate of highest academic achievement. This is non-returnable.

9. Baptism Certificate (Photocopy) issued by your church. Have all these documents sent to us promptly. Please note that we will NOT CONSIDER your application unless we receive all these documents.

May the Lord give you guidance and wisdom as you complete this application and seek admission to HBS.

Sincerely in Christ,

Registrar

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APPLICATION FOR ADMISSION

This form must be filled out in English by the applicant in his/her own handwriting. All items must be completed. Name and address should be written in **BLOCK** letters.

1. Applicant's full name:

2. Permanent Address: Present Mailing Address:

.....
.....
.....
.....

3. Date of birth:.....

4. Sex: (Male / Female):

5. Father's Name:.....

6. Name & address of any local Relative /Guardian (in Siliguri or nearby):

.....
.....

7. Telephone Number or cellphone number, email address, etc. for notification in case of emergency:

.....
.....

8. Are your parents Christian?

9. Marital status: Married Single Divorced Separated Widowed

10. If Married: State number of children:

11. Are you willing to come to the Seminary alone to study?

12. When did you become a born-again Christian?

13. Are you baptized? (If yes, attach copy of Certificate or Pastor's Statement).

14. Of which church **denomination** are you a member?

15. Of which **local church or assembly** are you a member?

16. For what degree / diploma are you seeking admission? **B.Th.** **M.Div.**

17. List of your academic qualifications:-

Examination passed	Name and place of Board or College or University	Date of Completion	Name of diploma or degree	Class or division
High School or Standard X				
PUC/Inter/ 10 + 2				
B.A., B.Sc., or B.Com.				
Theological Education/ Any Other				

18. What is your mother tongue?

19. What other languages can you speak, read or write?

.....

20. Have you ever been employed? if so, what employment and for how long?

21. What Christian service have you done?

.....
22. What hobbies, special interests or skills do you have?

.....
23. Give the name and complete addresses (in BLOCK letters) of the following person who know you well:

a. Your Pastor:

.....
b. An official of your Church, Mission or sponsoring organization:

.....
c. Another responsible Christian employer or teacher:

.....
24. Do you promise to abide by the rules of the Seminary, to maintain a high academic standard, and promote a spirit of unity and love in the Seminary?.....

Date

Full signature of the applicant

NOTE: The following documents/items must be received before an application maybe considered. Please tick items enclosed with this application.

- () 3 recommendations (in sealed covers only) from persons listed in item No.23 above.
- () Applicant's personal statement of Christian experience, commitment to Christ and call to service.
- () Photocopies of academic certificates and mark lists attested by the head of an educational institution or a gazetted officer.
- () Medical form.
- () Financial statement.
- () Certificate of Baptism.

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Structure of Fees and Other Charges (w.e.f. June 2013)

1. Bachelor of Theology (B.Th.& M.Div.) – All figures per academic year

No	Item	Plan I (one timepayment)	You can also pay in two installments (First Installment)	(Second installment)
1	Prospectus & Application Forms	Rs.100.00	-----	-----
2	Boarding & Tuition	26,000.00	16,000.00	10,000.00
3	Admission Registration	Rs. 2,000.00	-----	-----
4	Library fee	Rs.1200.00	-----	-----
5	Games & Sports	Rs. 200.00	-----	-----
6	Books & Study Notes	Vary	-----	-----
7	Pocket Money	Own	-----	-----
8	Emergency Deposit& refundable	Rs. 3,000.00 one time	-----	-----
9	Books & Stationery	Own	-----	-----
10	Travel	As required/own		
11	Medical	As required/own		
12	Mobile Phone charges	Rs. 300 per year		
13	Course fee per credit	Rs.150	-----	-----
14	Late arrival (per day after the first 24 hrs.)	Rs. 500.00	-----	-----
15	Re-admission Charges (after 7 calendar days of absence)	Rs. 2,000.00	-----	-----
16	Private Personal Computer/Laptop Charges	Rs.1000.00	-----	-----

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Notes:

1. All students who are sponsored by churches and organizations are expected to pay the full amounts at once. The installment plans are for those students who may be partially sponsored and also for those students who have no sponsorships or church backgrounds, and are from non-Christian families may be allowed to pay according to the installment plan.
2. All fees are calculated for the academic year consisting of 10 months.
3. All non-sponsored students must deposit Rs.16,000 in advance every year (before the beginning of the Academic Year).
4. The admission of new students will not be confirmed unless the Boarding Fee amount is received by the Seminary.
5. Emergency Deposit (Rs 3,000) is to be paid only once at the time of admission. It is refundable at the completion of studies, without interest and after deduction of any outstanding dues.
6. "Personal Expenses" may be paid directly to the student. But the sponsor must agree to pay these promptly. If the student is not receiving funds for personal expenses, he will be asked to withdraw from the Seminary.
8. For medical emergencies only, the Seminary may advance a small amount to the student. This amount must be repaid at the earliest.
9. Students leaving during the academic year for whatever reason will be charged boarding and tuition fees up to the semester in which they discontinue.

PRINCIPAL

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FINANCIAL STATEMENT BY SPONSOR

To The Sponsor Please read through carefully and complete the following statement.

Name of Student: Course:
(Block Letters)

Name of Sponsor: Rev./ Dr./ Mr./ Mrs./ Ms

I/We agree to pay the amount as stated (Rs.) for Program (please fill in B.Th/ M.Div.)

Amount in words: Rupees

I/We shall pay this amount in advance in: one/two installment/s.

Name and address of Sponsor:
.....
.....

Phone/Cell # email:

Name(s) of Sponsor: Sponsor's Signature:

Date: Place:

Note: 1. All travel, pocket money, books and medical expenses are to be borne by the sponsor/student.

EACH FINANCIAL STATEMENT WILL BE EVALUATED INDEPENDENTLY

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LETTER OF RECOMMENDATION FOR APPLICATION

Name of Applicant (BLOCK letters):.....

Name of writer of this recommendation:

Note: The above applicant has given your name as one who knows him well and can give information about his character and qualifications. As the Seminary is training men and women for a lifetime of Christian work and ministry, it needs to take utmost care in selecting applicants. So, please supply the information requested as fully and accurately as possible. All information will be treated as strictly confidential. **Please return this form directly to the Registrar at the above address or enclose them in sealed envelopes before giving to applicant. Recommendations, which are not sent confidentially, will not be accepted. Any hint of insincerity in filling this form will automatically result in the rejection of the candidate.**

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

2. In what capacity have you known him/her? (e.g., employer, pastor, teacher, etc. If relative, state the relationship).....

3. Do you know why the applicant wants to come to Seminary?

4. What do you know about the applicant's personal commitment to Christ?

5. In what ways has the applicant been involved in the life and work of his local congregation?

6. Has he/she been involved in any Church or organization other than the local congregation?

.....
.....
7. What gifts has the applicant shown that could be useful in Christian service?

.....
.....
8. All people have weaknesses. What do you feel are the main areas of weakness in the applicant's life?

.....
.....
9. Give your opinion of the applicant's character; his general maturity and stability, relationship with others, honesty and reliability, diligence in assignments, willingness to work with his hands, moral uprightness, and any other relevant points.

.....
.....
10. Give your opinion of the applicant's health – keeping in mind the hard work and emotional pressure to be faced in Seminary and in future Christian ministry.

.....
.....
11. Are there any problems in the applicant's family which might affect his/her studies, such as opposition from parents, lack of finance, poor health of relatives, etc.?

.....
.....
12. Please tick one:

I recommend the applicant very highly. ()

I recommend the applicant. ()

I recommend the applicant with some hesitation. ()

I do not recommend the applicant. ()

Signature:

Position or title:

Address:

Date:

Place

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MEDICAL FORM FOR APPLICATION

Portion to be completed by applicant:

Full name (in BLOCK letters):

Date of birth: Sex: Single/ Married?.....

Number and ages of children:

.....

Home address:

.....

Family history: List illness or causes of death of Parents

Brothers or sisters

Wife or children

Signature of the applicant: Date:

Portion to be completed by applicant's doctor:

1. Does he/she have any physical deformities or limitations? If so, please specify.

.....

.....

2. If he/she suffers from any of the following, please circle them:

poor vision allergies diarrhea eye strain shortness of breath frequent constipation poor hearing
asthma muscle or bone pain noises in ears bronchitis mental depression frequent headaches
palpitations of the heart sleep trouble frequent colds skin disease frequent urination nose bleeds food
intolerance blood in urine or stool bleeding gums indigestion trouble with periods (if sinus trouble
stomach pains female)

3. List any illnesses he/she has had (including surgery, diabetes, heart trouble, seizures, venereal
disease, tuberculosis, etc.)

.....

.....
4. Is he/she allergic to any drugs? If so, which?

5. If he is taking long terms drugs? (e.g., for TB), please specify.
.....

6. Does the applicant suffer from any contagious diseases?

7. Any evidence of alcohol, tobacco or drug use?

8. How long have you known or treated this applicant?

Examination of applicant: Height Weight

Eyes Visual acuity – Right Left

Ears Hearing – Right Left

Mouth

Teeth

Palpable glands

Chest: Expansion Auscultation

Cardio-vascular system:

Pulse (resting) After 1 minute running

Blood pressure Heart sounds

Abdomen: Scars? Palpable organs?

Tenderness? Hernias?

Genitalia Rectum Haemorrhoids

Neurological: Power Sensation

Co-ordination Reflexes

Mental Evaluation: Has the applicant any history or mental disorder?

If so, its duration and treatment given

Is there now any sign of excess anxiety, depression, or hallucination?
.....

Laboratory tests: Result Date

Haemoglobin:

Blood Group

Serology

Urine

Stool

Chest X-ray (or screen)

IMPORTANT: Do you find from the applicant's history and examination reasons to think he/she might not tolerate years of intensive mental demands, and changes of diet, climate, and culture?

.....
.....
.....

Please summarize important findings:

.....
.....
.....

(Seal)

Date& (Signature of Doctor)

Address:

.....
.....

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APPLICANT'S PERSONAL STATEMENT OF CHRISTIAN EXPERIENCE, COMMITMENT TO CHRIST, AND CALL TO CHRISTIAN SERVICE

Name in full (BLOCK letters)

1. Explain briefly how you became a committed Christian. (Use Separate Sheet)

2. Why do you believe you will go to heaven when you die?

.....
.....

3. In what ways is Christ the Lord of your life and the Bible its supreme authority?

.....
.....
.....

4. In what areas do you feel you need to grow in your Christian life? What are some of your weaknesses?

.....
.....
.....

5. What do you see as the greatest need

(a) in your church?

.....
.....
.....

(b) in your country?

.....

.....
6. In your opinion

(a) What should be the personal characteristics of a servant of Christ?

.....
.....
.....

(b) What should be the nature of the ministry of a servant of Christ?

.....
.....
.....

7 Describe briefly how you would present the Christian Gospel to one who does not know Christ.

.....
.....

8. What type of Christian ministry do you hope to do when you complete your Seminary training?

.....
.....

9. Why have you decided to undergo a course of theological training?

.....

10. Why did you select Himalayan Baptist Seminary for your training?

.....
.....

11. How did you hear about Himalayan Baptist Seminary?

Through a friend or pastor (Name)

Through advertisement in(Magazine)

Other

Date: Signature:

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PLEDGE

I, (name of applicant)

.....
Solemnly pledge that I shall obey all the rules of conduct prescribed by the HBS faculty.

I understand that if at any time, while a student at HBS, I engage in smoking, use of tobacco, drinking, misuse of drugs, boycotting or inciting to boycott classes or threat or use of physical force against another person (on or off campus), I am liable to immediate dismissal from the seminary without further warning. I also agree to submit to the decision of the faculty in all matters regarding discipline and life while at the seminary.

Signature of applicant:Date:

Witnesses:

1.
Signature State Position-Parents/Guardian

2.
Signature State Position-Church/Mission Leader

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WAIVER

We, _____ and _____
(applicant) (Sponsor/Guardian/Parent) hereby state our agreement:

THAT a student admitted to Himalayan Baptist Seminary is subject to all the rules and regulations of the Seminary as set by and interpreted by the Faculty of the Seminary.

THAT a student, irrespective of his/her academic standing, may be expelled from the Seminary by the Faculty if he/she, in the opinion of the Faculty, fails to exhibit mature Christian behavior.

THAT the training program at the Seminary are of such a nature that requires physical, emotional and mental rigor.

THAT manual work, field trips, preaching and social service among local communities, etc. are a required part of Seminary training.

THAT the Seminary shall not be responsible for any accidents, harm, injuries (fatal or otherwise) incurred while at the seminary or during any seminary-related activities.

THAT the Principal is authorized to act in good faith on behalf of the parents if a student is to be given medical treatment, including giving permission for surgery, blood transfusion, administration of medicines, etc. as instructed by a competent medical practitioner.

THAT the student and the parent/ guardian/ sponsor are fully responsible for the payment of all the expenses incurred by the student (including medical expenses).

(Student) (Parent/ Guardian/ Sponsor)

Date: _____