

Application form

- 1. Name : -----
- 2. Male : _____ Female: _____
- 3. Address: -----

District: ----- State : -----
Pin : ----- Phone: -----
- 4. Date of Birth: ----- Place : -----
- 5. Nationality :-----
- 6. Mother tongue : -----
- 7. Other Languages known : -----
- 8. Married / Bachelor
If married, please give date of marriage : -----
Your husband / wife's name : -----
No. of Children : -----
- 9. Higher Qualification
(Attached all your Educational Certificates)
- 10. Your Church Name and Address

- 11. Your Church denomination : -----
- 12. Any special talents and gifts : -----
- 13. In your church what type of ministry activities do you participate?

- 14. Are you handicapped?
If yes, please specify : -----
- 15. Are you addicted to any bad habits? If so give details -----
- 16. Please attach the following items:
 - 1. Write about your salvation experience (one page)
 - 2. Why do you desire to study in our Bible school? (one page)

Declaration

I ----- (your name) declare that the above details are true and also promise to abide by all the rules and regulation of the Showers of Blessing Bible School.

Signature of the applicant

Date

Please send your application form to the following address:
Showers of Blessing Bible School,
13/8, R.E. Apartment, Athreyapuram main Road
Choolaimedu, Chennai – 600094.
Tel: 044-65853066.