



# CALEB INSTITUTE

## Application for Admission

*Please TYPE or WRITE clearly. There are twelve sections from I to X. Complete all sections. All Dates must be in DD/MM/YYYY Format. Your application will only be processed if found complete.*

### I. APPLYING PROGRAM INFORMATION

Year: **2026-2027**

Language: **English**

Type of Admission: **Full Time Student Admission**

Program: (mark only one '✓'.)

<input type="checkbox"/>	<b>Bachelor of Divinity</b> 3 years for University Graduate ( <b>Senate of Serampore</b> )
<input type="checkbox"/>	<b>Master of Divinity (General, Biblical Studies, Mission, Youth Ministry)</b> 3 years for University graduate/ Non ATA B.Th graduate with minimum Grade B / ATA B.Th graduate with minimum Grade lower than B, ( <b>ATA</b> )
<input type="checkbox"/>	<b>Upgraded Master of Divinity</b> 2 years for ATA / Serampore B.Th with minimum Grade B or higher ( <b>ATA</b> )
<input type="checkbox"/>	<b>Master of Theology (Christian Theology)</b> 2 years after completion of M.Div/BD with minimum Grade B ( <b>ATA</b> )
<input type="checkbox"/>	<b>Master of Theology (Missiology)</b> 2 years after completion of M.Div/BD with minimum Grade B ( <b>ATA</b> )
<input type="checkbox"/>	<b>Master of Theology (New Testament)</b> 2 years after completion of M.Div/BD with minimum Grade B and an advance reading in New Testament Greek. ( <b>ATA</b> )
<input type="checkbox"/>	<b>Master of Theology (Old Testament)</b> 2 years after completion of M.Div/BD with minimum Grade B and an advance reading in Hebrew. ( <b>ATA Under Process</b> )
<input type="checkbox"/>	<b>PhD in Old Testament/Theology/Missiology/Christian Ethics</b> for M.Th. graduates ( <b>ATA</b> )

### II. APPLICANT'S PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last/ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Present Address: House Number/ Building Name: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 Landmark: \_\_\_\_\_  
 City/ Village/ Town: \_\_\_\_\_  
 Pin: \_\_\_\_\_ State: \_\_\_\_\_

Recent  
3 cm \*4 cm  
Photograph

Phone with STD Code: (\_\_\_\_) \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Aadhar Card No: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

### III. CHURCH BACKGROUND

Church Information

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

*\*Kindly attach letter of recommendation from Pastor- in charge / Head of Church*

**IV. MARITAL STATUS** (mark '✓'.)

Single

Married/  
Year: \_\_\_\_\_

Divorced/  
Year: \_\_\_\_\_

**V. ACADEMIC BACKGROUND**

University / Institution / College or Professional awarding body	Degrees	Year of Graduation	Grade or Percentage	Serampore/ATA Registration #

Are you currently enrolled in any academic program at other institution/university? \_\_\_\_\_

If yes, kindly explain: \_\_\_\_\_  
\_\_\_\_\_

**VI. LANGUAGE & EDUCATION**

1. Mother Tongue: \_\_\_\_\_

2. Other languages: \_\_\_\_\_

3. Proficiency in English: Excellent  Average  Poor

4. Medium of your previous education: \_\_\_\_\_

5. Have you applied to Caleb Institute before?

6. Have you been dismissed or denied by any other Seminary / School  Yes  No

If yes, please explain (use a separate sheet if necessary): \_\_\_\_\_

**VII. EXPERIENCE**

List all significant employment/ ministry experiences. (*\*Please attach your relevant documents*)

<i>Title/Nature of Work</i>	<i>Employer/Church/Organization</i>	<i>Period</i>

4. Have you ever been convicted of a serious crime?  Yes  No  
 (*\*Please attach your relevant documents*)

If yes, please explain:

5. Are you planning to apply for scholarships? If Yes, 1. Please attach income/salary certificate of your parents. 2. Bank Financial Statement for the last one year. Note: Limited scholarships are available.  Yes  No

6. How did you know about Caleb Institute?

**VIII. LETTERS OF RECOMMENDATION**

List the names and addresses of two references. Please provide your recommender with forms. All envelopes must be sealed and signed across the seal by the recommender. It is preferred that the letters of recommendation be sent to the Registrar’s office directly.

	<i>Name</i>	<i>Organization &amp; Title</i>	<i>Phone and e-mail</i>
1. Pastor (Current Church)			
2. Professor or Church Leader/ Employer			

**IX. APPLICATION CHECKLIST**

Please check the following list for a complete application and indicate the status of each part (*mark '√.'*)

<input type="checkbox"/>	Application Form duly filled	
<input type="checkbox"/>	3 Photos	
<input type="checkbox"/>	Personal Statements (use provided form)	
<input type="checkbox"/>	Recommendation-1 (use provided form)	<input type="checkbox"/> Attached (sealed)
<input type="checkbox"/>	Recommendation-2 (use provided form)	<input type="checkbox"/> Attached (sealed)
<input type="checkbox"/>	Church Attendance Letter (use provided form)	<input type="checkbox"/> Attached (sealed)
<input type="checkbox"/>	Certificate of Graduation	<input type="checkbox"/> Attached
<input type="checkbox"/>	All Certificates and Mark sheets from Class X	<input type="checkbox"/> Attached
<input type="checkbox"/>	Medical Report	<input type="checkbox"/> Attached
<input type="checkbox"/>	Sponsorship Document(s) (only if available)	<input type="checkbox"/> Attached
<input type="checkbox"/>	Scholarship Application	<input type="checkbox"/> Attached

*Note: Submitted application materials remain permanently on record with Caleb Institute and will not be returned.  
 Submit photocopy of credentials  
 Originals Documents to be provided at the time of Admission.*

**X. SIGNATURE**

Do you agree entirely with Caleb Institute’s Statement of Faith as mentioned on the website?

Yes  No

I affirm that my statements in this application and in the attached pages are correct to the best of my knowledge. By signing below, I agree to the procedure of application and the process of admissions, as conducted by Caleb Institute. I give Caleb Institute permission to retain confidentially allsubmitted application materials as a permanent record and to verify all information with the relevant persons or institutions. If admitted, I agree to abide by the student handbook and standards of conduct of Caleb Institute.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*If you have any questions concerning this application, please contact the Admissions Office.*

**Send Your Application to  
The Registrar  
CALEB INSTITUTE  
1 KM Milestone, Haily Mandi Road, Farrukh Nagar, Gurugram, Haryana (N.C.R.) 122506  
Phone: +91 8090911806    E-mail: registrarci@gmail.com    Website: www.caleb institute.in**