Lakeview
Bible College & Seminary

SIPCOT Industrial Park,
Irungattukottai,
Chennai - 602 105, South India.

APPLICATION FOR ADMISSION — Master of Divinity

M.Div.

1. Student Name:

First Name:

Middle Name:

Family Name / Last Name:

2. Date of Birth: (Date Month Year)

3. Parent / Guardian's Name :

4. Gender: M / F

5. Email Address:

6. Phone : Mobile Number:

Land Line (with STD code)

7. Present Address:

8. Name & Address of Home Church:

Student
Photo
Duly Signed

9. Name & Address of Sponsor:

10: Choice of Major:

☐ Church Leadership and Management

☐ Christian Counselling

11. Educational Qualification:

Degree / Course	Institution	Year of Completion	Result

12. Declaration: I hereby declare that the above particulars are true to the best of my knowledge and I promise to abide by the rules and regulations of Lakeview Bible College and Seminary.

Along with this completed form, please enclose:
(1) Photo copies of all academic certificates
(2) Two letters of reference (one from your home church)
(3) A Statement of your personal testimony
(4) A Statement expressing why you wish to come to L.B.C. & S.
(5) A health certificate from a qualified physician
(6) Two passport-size photographs

Signature

Mail your application to:
LAKEVIEW BIBLE COLLEGE & SEMINARY,
P.O. Box 6852, Anna Nagar, Chennai - 600040.

(FOR OFFICE USE ONLY) **Admission No:**

Admission Date :(Date Month Year)

Signature of the Registrar