

HARVEST MISSION COLLEGE

Accredited by Asia Theological Association (ATA) 30-31, 44-45/30, Knowledge Park III, Greater Noida, U.P- 201308

APPLICATION FORM

Admission soug	Affix your photo		
☐ M.Div (3 Years)			
PERSONAL	INFORMATION:		
Name of the App	plicant (Capital letters)		
Gender: Male	☐ Female ☐		
Date of Birth (as	s per govt. records)		ICE USE ONLY
Place of Birth: _			
Nationality:		Voor and hatch	
	Single□ Married□ Divorced□ Widov	Fees	
Name of the Spo	ouse:		
Number of Child	dren and Age:		
Mother Tongue:			
Present Address	:		
State:	Country:	Pin:	
Permanent Addr	ress (only if different from the above):		
	Country:		
Mobile:		WhatsApp:	
Email:		Emergency Contact:	

Languages	Known
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Language	Speaking	Reading	Writing
English			
Hindi			

Have you ever used drugs/liquor/tobacco in any form? If yes, do you still use it? How long did you use it?
Have you ever been convicted of any crime? If yes, give details.
Who or what influenced your decision to apply to Harvest Mission College?

EDUCATIONAL QUALIFICATION:

Qualification	Name of Board/University	Year of Completion
10 th /SSC		
+2/12 th /Intermediate		
Graduation		
Post-Graduation		

Do you have any technical qualification?
If yes, furnish details:
Do you have any theological qualification?
Are you presently employed?
Do you have any job/work experience?

SPIRITUAL IDENTITY:

Have you received Jesus Christ as your personal Saviour? If yes, when?
Have you taken water baptism? If yes, when?
Briefly explain your experience of salvation and testimony of Christian life. (Use a separate sheet of paper)
Church Denomination:
Name and Address of the Church:
Name and Address of the Pastor:
Have you had the infilling of the Holy Spirit?
Do you have a call of God for Christian ministry?
FINANCIAL INFORMATION
Are you sponsored by any church or organization?
How are you going to meet your boarding and tuition? \square By paying fees \square By work scholarship (Please refer to the terms & conditions to avail scholarship).
Even if you pay the full fees, you will need to work a minimum of two hours a day for the College campus
development. Do you promise to fulfil this requirement?
Who will be responsible for the payment of your fees?
Name and details:
(Even if you are granted work scholarship, you will be required to pay necessary registration fee in the beginning of each academic year)
DECLARATION BY THE STUDENT
I, do hereby solemnly declare that the information given by me in the form is correct and if accepted, I will abide by the rules, regulations and general conduct of the College.
Date:
Place: Signature

DECLARATION BY THE PARENT/GUARDIAN

I,	do hereby solemnly declare that the information given above is correct
and I am sure that h	ne will obey the rules and regulations of the College. I will be fully responsible for real conduct, activities and extra expenses during the study period.
Date:	
Place:	Signature
	STATEMENT OF COMMITMENT
form is true to the befalse information or If I am awa minister/serve in the with RRWM/HMC graduation on according to the commitment Period	hereby declare that all the information I have given in this application of my knowledge. I understand that if it becomes evident that I have knowingly given and to keep up to the standards of HMC, I shall forfeit the financial aid granted to me. But any kind of scholarship for my studies from the College, I promise that I wis noted place of ministry of HMC during summer vacation. I also commit to minister/serve any place assigned by Harvest Mission College for a period of two years after me of the scholarship/financial aid received. Further, I am willing to sign a Ministr CP) agreement on this effect. In case of my inability to comply with this undertaking, ack the amount of financial aid/scholarship received to be released from the agreement.
Place:	Signature
	FEE DECLARATION FORM (This form must be filled by the sponsor)
Full Name of the Ap	ant
	at I/We will pay complete annual fee and tuition fee at the beginning of each academic
year for the duration	his/her studies at HMC, Greater Noida. In case of any medical expenses incurred by the
student, I/We will pa	nat in addition to the above mentioned fee.
Name of the sponsor	
_	Email
Date: Place:	Signature

MEDICAL CERTIFICATE OF FITNESS

(To be filled by a Registered Medical Practitioner)

Name of the Applicar	nt		
Age	Sex	Height	Weight
History of Medical III	lness		
Any Significant Fami	ly History		
General Physical Exa	mination		
Anemia	Jaundice	Epile	epsy or Fits
CVS Exam	Resp. Exam		Diabetic
Pulse	Blood Pressure		Abd. Exam
Other (if any)			
Investigations			
1. Hemoglobin		2. Blood Gro	up
3. TLC	/cumm.	4. DLC	
5. Any other special t	ests (if so give details)		
Declaration:			
			for admissio
			oida, I hereby certify that to the best of m t having any form of contagious/infection
	to pursue studies in the abo		
Doctor's Name			
Doctor's Signature			
			Seal
Reg. No			

PERSONAL HEALTH QUESTIONNAIRE

(to be filled by the candidate)

Full Name _				
Program:	☐ M.Div.	□ B.Th.	☐ Dip.Th.	□ C.Th.
Read the que	estions carefully an	d answer Yes or No		
1. Can you	read without glasso	es?		
2. Have you	ı ever had tubercul	osis?		
3. Have you	suffered from che	est pain?		
4. Have you	ever coughed up	blood?		
5. Do you h	ave good hearing?			
6. Have you	ever been treated.	undergoing treatment	for any mental illness?	
7. Do you o	ften catch severe f	ever/cold or nose blee	eding?	
8. Have you	ever had continuo	ous fever?		
9. Do you h	ave joint pains?			
10. Do you h	ave frequent cougl	h?		
11. Are you	allergic to any med	licines?		
12. Do you h	ave any skin disea	se?		
13. Do you s	uffer from severe	depression?		
14. Is your a	ppetite good?			
15. Do you s	uffer from diabetes	s?		
16. Have you	ı ever had jaundice	??		
17. Do you f	requently have loo	se motions (diarrhoea)?	
18. Do you h	ave any heart prob	olems?		
19. Have you	ı had fainting attac	ks?		
20. Do you s	uffer from asthma	?		
21. Have you	ever had fits/conv	vulsions?		
22. Have you	ever had any surg	gery?		
23. Were you	u ever addicted to t	the consumption of dr	ugs or any other alcohol	ic/tobacco products?
24. Do you o	consider yourself	healthy enough to un	dergo theological traini	ng in HMC where you will be
exposed	to different climati	c conditions?		
25. List the n	names of the medic	ines that you have use	ed in the past two years.	

Date

Signature

CHECK LIST				
☐ All questions answered				
☐ Five passport size photographs enclosed				
☐ Transcripts and mark sheets enclosed				
\Box Two reference forms duly filled in and enclosed in separate envelopes				
☐ Student's testimony and experience of Christian ministry attached in a separate sheet				
☐ All declarations duly signed				
☐ Signed the application				
☐ Health report enclosed				
Remarks (Official use only)				

Instructions for Filling the Application Form

- > All fields are mandatory.
- ➤ Reference letters must be filled and brought in sealed envelopes.
- Additional recommendations can be on letter heads.
- > Declarations must be filled only by concerned persons.
- ➤ Personal Health Questionnaire is to be filled by the applicant.
- Medical certificate must be filled only by registered medical practitioner.
- > Attach 5 recent passport size photographs.
- Attested photo copies of all certificates & transcripts must be attached and originals should be submitted at the time of registration.
- > Personal testimony/salvation experience should be written on a separate sheet of paper.
- Application for financial aid should be filled as soon as possible. (terms and conditions apply)

COURSES OFFERED

Course	Duration	Medium	Eligibility
C.Th	1 Year	Hindi	10/SSC Pass
Dip. Th	2 Years	English	10/SSC Pass
B.Th	3 Years	English	12 th /PUC/Dip.Th
M. Div (Upgrader)	2 Years	English	B.Th. with B grade from an Accredited College
M. Div	3 Years	English	Graduation from any recognized University

ESTIMATED COST OF ATTENDANCE

The following figures are provided to applicants in order for them to complete the Statement of Support, which must be completed and certified by the applicant and his/her guarantor. The figures below are based on the average expenses incurred by students at HMC. They are subject to change each academic year. For an unmarried student living in school dormitory:

		Annual Fee	Tuition Fee	Total
- C.Th	-	7000/-	-	7000/-
- Dip.Th	-	6000/-	14000/-	20000/-
- B.Th	-	8000/-	20000/-	28000/-
- M.Div	-	12000/-	23000/-	35000/-

- Other than the mentioned fee of each course, all students are required to pay Rs.100 for Application Form, Rs.1500 for two pairs of uniform, Rs. 500 for Program Registration, Rs.500 for Games & Sports, Rs.500 for Library, Rs.100 for ID Card, Rs.100 for HMC Song Book and Rs. 200 for dining utilities.
- Limited ministry scholarship, which can cover the tuition fee partially/fully, is available for deserving candidates. (*Terms and conditions apply*)
- Hostel & Mess Fee of Rs.4000 per month is not included in the fee structure and this amount is granted as scholarship for those students based on need and request.

Fill up all the fields carefully and mail the application to:

The Registrar Harvest Mission College 30-31, 44-45/30, Knowledge Park III, Greater Noida, Uttar Pradesh– 201308 Phone: 0120-6251814 or 7008876096

REFERENCE FORM – 1

PASTORAL REFERENCE

(To be filled in by the candidate's local Pastor)

Name of the Applica	nt:								
Name of the Pastor:									
Church/Organization	::								
Phone: Email:									
	th the applicant:								
How long have you l	known the applicant? _								
	date by ticking appropo tain or which you have		-		tick items concern	ning			
Physical Fitness ☐ Exceptional	☐ Above Average	☐ Average	□ Belo	w Average	□ Poor				
Nature ☐ Insecure ☐ Inf	eriority Complex □ S	elf-Confident	□ Prom	npt to boast	☐ True estimate	of self			
Spiritual Maturity ☐ Exceptional	☐ Mature		[☐ Immature					
Service ☐ Exceptional	□ Willing	☐ Average	[□ Selfish	☐ Makes no eff	ort			
Reliability ☐ Exceptional	☐ Punctual	☐ Irregular	[□ Poor	☐ Unreliable				
Perseverance ☐ Persists even under adversity		☐ Needs encouragement			☐ Quits easily				
Finance Manageme □ Exceptional	nt □ Careful	☐ Needs rem	inding	☐ Careless					
What do you believe	to be the applicant's n	notivation in ap	plying to	НМС?					
I, □ highly/ □ with r	eservation /□ do not rec	commend this app	olicant for	admission to l	Harvest Mission C	ollege.			
Date:				Signat	ure:				
				Seal:					

REFERENCE FORM – 2

CHRISTIAN LEADER REFERENCE

(To be filled in by a Christian leader/Mentor)

Name of the Applican	nt:								
Name of the Christian	n Leader:								
Church/Organization:									
Phone: Email:									
Address:									
Your relationship with the applicant:									
How long have you known the applicant?									
Please rate the candid which you feel uncert			each question. Do not unity to observe.	tick items concerning					
Physical Fitness ☐ Exceptional	☐ Above A	verage	☐ Average	□ Poor					
Self-Image ☐ Insecure ☐ Infe	eriority complex	Self-confident	☐ Prompt to boast	☐ True estimate of self					
Spiritual Maturity ☐ Exceptional	☐ Mature		\square Growing	☐ Immature					
Creativity ☐ Exceptional	\Box Good	☐ Average	□ Poor	☐ Not observed					
Respect towards oth ☐ Very good		□ Fair	□ Poor	☐ No respect					
Proficiency in written & oral communication skills in English ☐ High proficiency ☐ Above average ☐ Average ☐ Poor									
Potential ☐ Excellent	□ Good	□ Fair	□ Poor	☐ Careless					
What do you believe to be the applicant's motivation in applying to HMC?									
I, \square highly \square with reservation \square do not recommend this applicant for admission to Harvest Mission College.									
Date:	Date: Signature:								