ACTS ACADEMY OF HIGHER EDUCATION
3rd Floor, Purva Gainz, Hosur Main Road,
Electronic City P.O., Bangalore 560100, Karnataka, India.
Email: registrar@actsacademy.in
Phone: +91 8296603435, 9964485458

INSTRUCTIONS TO THE APPLICANT

Thank you for your interest in applying to ACTS Academy of Higher education. Please read the following instructions before you fill in this form. Email a scanned copy of your application to registrar@actsacademy.in and copy the mail to academicdean.acts@gmail.com; Make sure to send the hard copy of your application to the Registrar by Registered Post along with the required documents in the postal address shown on the top of this page.

1. You must fill in the application form for admission in your own handwriting

2. You must present the following documents along with the application:
   (i) One passport size photograph. One should be affixed to the application.
   (ii) Self attested copies of all certificates and transcripts. ***Originals must be produced whenever required for verification.***
   (iii) Letters of recommendation from any two of the following: (i) your pastor/senior leader in your church, (ii) employer or head of the institution last attended. See Annexure I&II.
   (iv) Personal testimony on your Christian experience. (See point IV.4 on Page 5 on the Application Form). You may include the following in your testimony:
      a. Spiritual experience with Christ
      b. Christian growth and commitment
      c. Conviction of your call to Christian Ministry
      d. Your involvement in the local church
      e. Your views on a Christian's responsibility in church and society.
   (v) A medical fitness certificate from a registered medical practitioner. See Annexure III.

3. Please make sure you fill all the columns. Incomplete applications can be rejected. You must give the complete address with pin code of the referees. Your entrance examination and /or personal interview details will be sent to your address or your email.

Application Form fee for Residential Programme& Distance Education is **Rs. 600 (rupees Six Hundred only).** You should send a crossed DD in favour of *ACTS Academy of Higher Education* payable in Bangalore along with the application or pay by online transfer, using the following bank details:

A/C Name	: ACTS ACADEMY OF HIGHER EDUCATION
A/C Number	: 004701054138
Bank	: ICICI Bank
Branch Name	: Koramangala Branch
IFSC Code	: ICIC0000047

After you transfer the amount, please send us the UTR number for our records. Personal cheques and money orders will not be accepted.

For all correspondence and inquiries regarding admission, please contact the Registrar at the address given at the top of this page.

ACTS ACADEMY OF HIGHER EDUCATION
3rd Floor, Purva Gainz, Hosur Main Road,
Electronic City P.O., Bangalore 560100, Karnataka, India.
Email: registrar@actsacademy.in
Phone: +91 8296603435, 9964485458

APPLICATION FORM

RESIDENTIAL PROGRAMMES (Tick appropriate box)

☐ Master of Divinity (2 Years) * ☐ Master of Divinity (3 Years)**

*2Year M.Div. is permitted to those applicants who have completed ATA accredited B.Th. with B aggregate grade or above.
**3 Year M.Div is required for (i) those who have non theological Bachelors Degree and (ii) those who have non ATA B.TH. degree and (iii) ATA B.Th. with less than B grade.

Master of Theology (2 years) in
☐ Religion and Philosophy ☐ Christian Ethics
☐ Mission ☐ Christian Ministry

DISTANCE EDUCATION PROGRAMMES

☐ Bachelor of Theology (4 Years) ☐ Master of Divinity (3/4 Years)

Master of Theology (2/3 Years) in
☐ Religion and Philosophy ☐ Christian Ethics
☐ Mission ☐ Christian Ministry

For Doctoral Programme application form and Student Handbook, please contact doctoral.administrator@actsacademy.in;

Fill in BLOCK LETTERS:

Paste your recent passport-size photo here (Compulsory)

I. PERSONAL DETAILS

1. Name: Mr./Ms._____
2. Gender: ☐ Male ☐ Female ☐ Other
3. Date of birth (DD/MM/YY): ____ /_____/_____
   (Please attach copy of your birth certificate)
4. Nationality: _____
5. Address for communication:

_____

_____

_____

_____ State_____ Pin code: _____

6. Contact Details: Phone: _____ / _____
   WhatsApp No.: _____ Alternate Contact No.: _____
   Email ID: _____
   Aadhar No.: _____

7. Name of Father: _____

Name of Mother: _____

8. Name of Guardian: _____

9. Marital Status: ☐ Single ☐ Married

If married, Name of Spouse: _____

Occupation: _____

Name of children and their ages:

(i) _____

(ii) _____

(iii) _____

Details of Dependents: _____

10. Mother Tongue: _____

Other languages known to speak/write:

a) _____

b) _____

c) _____

11. Have you suffered from any serious illness? If so, give details:

_____

_____

_____

_____

_____

_____

_____

_____

12. Are you fit for physical/mental activity? Clearly state any restrictions on your health that would affect progress of your study: (Attach a recent medical fitness certificate: see ANNEXURE III):

_____

_____

_____

_____

_____

_____

ACADEMIC DETAILS:

1. Educational qualifications: (*Please provide all details from High School onwards. Attach attested copies of all certificates and transcripts).*

a) Basic Education

Course	University/Board/Accreditation	Duration	Year of Passing	Final Grade%
Matric/SSLC/10th std.				
Plus 2/HSC/PUC/or equivalent				
Under Graduation				
Post-Graduation				
Any Other				

b) Theological Education

Course	Name of the College	SSC/ATA Reg. No.	Duration	Year of Passing	Mark/ Grade %
Dip.Th. / D.L.S					
B.A. Min./ B.Th.					
B.D/ M.Div. / M.A					
M.Th.					
Any Other					

III. WORK EXPERIENCE:

1. Position held, in organization /church:

_____

_____

Period: _____ Reason for Leaving: _____

_____

_____

_____

2. Details of other employment activities you are/were involved in:

_____

_____

_____

IV. CHURCH AFFILIATION

1. Church affiliation/denomination:

_____

2. Pastor(s) name(s) and address Details: _____

_____

_____ Pin code: _____

Mobile: +91_____ Alternate No.: _____

Email: _____

3.. Why do you want to study at AAHE?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

4. Write your Testimony, stating your relationship with the Lord Jesus Christ and your calling to serve Him:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. Give names and addresses of two persons for reference.

1) Church Pastor/Elder

2) Employer/Christian Leader

V. FINANCIAL INFORMATION:

1. Are you aware of the fee structure for the applied programme? YES ☐ NO ☐

2. Who will pay your fee?

☐ Self ☐ Parent ☐ Pastor/Church ☐ Spouse ☐ Sponsor

3. If you have a sponsor, please write the details of your sponsor.

Name: _____ Occupation: _____

Relationship: _____ Agreed support: Full ☐ Partial ☐

Address: _____

Pin Code: _____ Mobile: +91 _____

Alternate no.: _____ E Mail: _____

You shall submit a letter of undertaking from the sponsor separately. Note the scholarship policy of AAHE given with the fee structure.

VI. SELF DECLARATION:

I have filled in this Application for Admission prayerfully and, to the best of my knowledge, as honestly as possible. I have also read the instructions for applicants and if selected for study at AAHE, I will abide by all it's rules and regulations. I will abide by the Anti Ragging and the Child Safety Policies of the Institution.

_____ _____

(Signature of the applicant) (Date)

VII. PARENT/GUARDIAN DECLARATION:

I have read the completed application of my son/daughter/ward and I give my consent for him/her to undergo studies at ACTS Academy of Higher Education.

Name: _____ Relationship:_____

Address: _____

_____

_____ Pin code: _____

Mobile phone: +91 _____ Alternate no.: _____

Email: _____

If you are a guardian, please state the reason: _____

_____

_____

_____

_____ _____

(Signature) (Date)

learn to live
ACTS
ACADEMY OF HIGHER EDUCATION

ACTS ACADEMY OF HIGHER EDUCATION
3rd Floor, Purva Gainz, Hosur Main Road,
Electronic City P.O., Bangalore 560100, Karnataka, India.
Email: registrar@actsacademy.in
Phone: +91 8296603435, 9964485458

ANNEXURE I
PASTORAL REFERENCE

Please answer all questions, giving your honest opinion and evaluation of the candidate who has applied for studies at ACTS Academy. A letter of recommendation from a relative will not be accepted. All information given will be treated as confidential. After filling in this form, please post it directly to the Registrar, ACTS Academy in the above-mentioned address.

☐ RESIDENTIAL PROGRAMME ☐ DISTANCE EDUCATION PROGRAMME

Name of the Applicant: _____

Your Name and designation: _____

_____

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant?_____
3. Is this applicant an active member in the church? Mention details.

   _____

   _____

4. What is your assessment about the personal commitment of the applicant to Christ?

   _____

   _____

5. Please comment on the Christian maturity of the applicant in his/her Moral life, Relationships, Honesty and Commitment to the ministry._____

   _____

   _____

6. What do you think are the strengths and weaknesses of the applicant?

   Strengths_____

   Weaknesses _____

Please tick any one of the following items which represents your level of recommendation for the applicant to be considered for admission:

☐ I strongly recommend the candidate ☐ I recommend the candidate

☐ I recommend the candidate with hesitation ☐ I do not recommend the candidate

Date_____ Signature _____

Address_____

_____

_____ Pin Code: _____

Mobile: _____ E-Mail ID: _____

ACTS ACADEMY OF HIGHER EDUCATION
3rd Floor, Purva Gainz, Hosur Main Road,
Electronic City P.O., Bangalore 560100, Karnataka, India.
Email: registrar@actsacademy.in
Phone: +91 8296603435, 9964485458

ANNEXURE II
EMPLOYER / CHRISTIAN LEADER REFERENCE

Please answer all questions, giving your honest opinion and evaluation of the candidate who has applied for studies at ACTS Academy. A letter of recommendation from a relative will not be accepted. All information given will be treated as confidential. After filling in this form, please send it directly to the Registrar, ACTS Academy at the above-mentioned address.

☐ RESIDENTIAL PROGRAMME ☐ DISTANCE EDUCATION PROGRAMME

Name of the Applicant: _____

Your Name and Designation: _____

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. In your observation, how good is the applicant in maintaining rapport and relationship with others?

   _____

   _____

4. Rate the applicant regarding the following:
   a. Dependability: ☐Excellent ☐Average ☐Poor
   b. Punctuality: ☐Excellent ☐Average ☐Poor
   c. Trustworthiness: ☐Excellent ☐Average ☐Poor
   d. Commitment to a given task: ☐Excellent ☐Average ☐Poor
   e. Ability to grasp a given instruction: ☐Excellent ☐Average ☐Poor
5. What do you think are the strengths and weaknesses of the applicant?
   Strengths_____
   Weaknesses_____

Please tick any one of the following items that represents your level of recommendation for the applicant to be considered for admission:

☐ I strongly recommend the candidate ☐ I recommend the candidate

☐ I recommend the candidate with hesitation ☐ I do not recommend the candidate

Date_____ Signature _____

Address_____

_____

_____ Pin Code: _____

Mobile: _____ E-Mail ID: _____

ACTS ACADEMY OF HIGHER EDUCATION
3rd Floor, Purva Gainz, Hosur Main Road,
Electronic City P.O., Bangalore 560100, Karnataka, India.
Email: registrar@actsacademy.in
Phone: +91 8296603435, 9964485458

ANNEXURE III

MEDICAL REPORT

(To be examined and certified by a registered Medical Practitioner)

☐ RESIDENTIAL PROGRAMME ☐ DISTANCE EDUCATION PROGRAMME

I certify that I have examined Mr./Ms._____ and found he/she is in good general health and physically and mentally fit to undertake higher studies.

_____ _____

(Date) (Signature)

Address of Doctor:

_____

_____

_____

Reg. No.: .....

Official seal