

SOUTHERN ASIA LEADERSHIP INSTITUTE - COIMBATORE

TO THE APPLICANT

Read the following instructions carefully before filling in the form. Send the completed form to the Director along with the required documents mentioned below.

- 1. Write an Autobiographical Essay (Personal Testimony) in approximately 1200 words covering the areas mentioned below (Use Separate Sheet).**
 - 1.1. The Significant events in your life, Christian experience and involvement in the church.
 - 1.2. An assessment of your strengths and weaknesses as a candidate for Christian ministry.
 - 1.3. Why do you wish to pursue theological education?
- 2. Copies of all certificates and transcripts to be submitted along with the application form.**
 - 2.1. Copy of Class 10 / SSLC certificate and final mark sheet.
 - 2.2. Copy of Class 12 / HSE / PUC / PDC certificate and final mark sheet.
 - 2.3. Copy of highest degree certificate.
- 3. Originals are to be produced at the time of interview.**
- 4. The candidate granted admission will be required to undergo a Medical Fitness Check – up** at the local hospital suggested by the college and the expenses for the same will be met by the candidate.
- 5. Two letters of reference** (see attached forms): **(STRICTLY CONFIDENTIAL)**, to be sent directly to college by the individual filling the letter of reference in the enclosed envelope).
 - 5.1. From local church pastor.
 - 5.2. From a local Christian leader / elder
- 6. Three photographs** (passport size (2) & stamp size (1)) of which one is to be affixed with the application.
7. The duly filled in application should reach the office on or before..... Application reaching the office after the due date will be accepted only with a fine of Rs.100/-
- 8. Application forms that are submitted without required copies of certificates, transcripts and reference letters SHALL NOT be processed.**

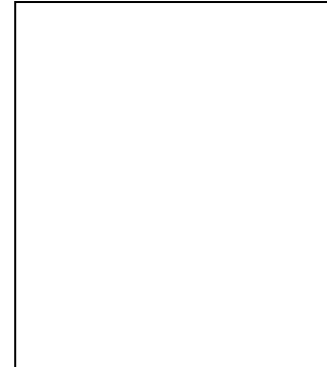
N.B.

1. All students have to compulsory reside in the campus. Married students will be permitted to go home on week – ends.
2. The interview is a procedure of **TWO DAYS** which will include an entrance test. The applicant must come prepared to stay for both days. **The interview will be held only if the applicant is accompanied by the parent or guardian.**
3. The first entrance test and interview will be held on.....
4. Food and accommodation for one person (parent / guardian) accompanying the applicant will be provided on payment of Rs.200/- per day. If more than one person is accompanying the applicant, the number must be intimated to the college **TWO** days in advance.

SOUTHERN ASIA LEADERSHIP INSTITUTE
 Peniel Campus, Veerappannur, Pichannur P. O., Coimbatore-641105
 Website: www.sali.org.in Phone: 0422 2656278, 2656279

APPLICATION FORM

Courses (Please Tick Appropriate one)	
C. Th (one year) Eligibility: SSLC (or) Equivalent	<input type="checkbox"/>
Dip. Th (Two Years) Eligibility: SSLC or equivalent	<input type="checkbox"/>
B. Th (Three Years) Eligibility: Dip. Th. /HSC / 12 th	<input type="checkbox"/>



FILL UP THE APPLICATION IN BLOCK LETTERS

1. Full Name: First..... MiddleLast.....
2. Permanent address.....
.....
(State)..... (Pin code).....
3. Address for correspondence.....
.....
(State)..... (Pin code).....
4. Mobile No..... Email Id:
5. Date of Birth: Place of Birth:
6. Aadhaar No.: Driving license No.:
7. Father's / Guardian's Name:
8. Gender : Male Female
9. Marital status : Single Married
10. Name of the Spouse: Occupation of Spouse.....
11. Name & Age of Children 2.....3.....
12. Have you accepted Jesus Christ as your personal Lord and Savior? Yes No
13. Have you taken baptism by immersion? Yes No
14. Are you filled with the Holy Spirit with the evidence of speaking in Tongues? Yes No

15. Do you have a definite call for full time Christian Ministry? State in one or two sentences?

.....

16. Local Pastor's Name Mobile

17. Denominational affiliation.....

18. Name of your local church with full address.....

.....

19. How long have you been a member of this Church?

20. In what capacities do you engage the ministry in your local church?

(a) (b)

21. Mother Tongue Languages you speak & write:

22. Details of your work and other involvements in spiritual and secular field till date.

SL	Type of work	Period	Employer
1			
2			
3			

23. List your talents, skills and hobbies.....

24. The purpose of Southern Asia Leadership Institute is to fulfill the great commission of our Lord Jesus Christ with Special Emphasis on Equipping and Training Spiritual leaders to the mission field. Write one or two sentences explaining how you have been called to fulfill this Great commission?

.....

25. Educational Qualifications:

Examination Passed	Name & Place of School / University	Medium Completion	Grade Obtained
10 th or Equivalent			
12 th or Equivalent			
Bachelors' Degree			
Masters' Degree			

(Please attach copies of all the certificates and transcripts)

26. What is your monthly income?
27. Do you have any financial liabilities? Yes No
If yes, Give details.....
.....
28. Are there any police / court / cases wherein you are involved? Yes No
29. If Yes, Explain.....
.....
.....
30. Details of the parent / sponsor, who will be responsible for the payment of your fees ...
Name..... Telephone Number.....
Address.....
..... Email

I, (Name in Block Letters) declare that all the information given in the application form is true and correct. I understand that any information, which I have furnished above, if proved to be false or incorrect, will automatically disqualify me from being admitted to, or continuing in SALI.

- a. I shall maintain high academic standard and a spirit of unity and love.
- b. I shall abide by SALI rules and regulations
- c. I shall submit to the right of the SALI administration to take any action, if in their judgement, my behavior, character or doctrine is contrary to the character or doctrine is contrary to the spirit & emphasis of SALI.
- d. I shall on completion of my graduation (Academic and others) serve a minimum of one year of internship in a place / ministry agreeable to the seminary, if I received any financial assistance for my studies at SALI.

Place

Signature

Date:

Name

For office use only

Date of the receipt of application

Result of screening: **Approved** **Denied**

Result of interview & written exam: Admitted / Wait Listed / Rejected

Intimation of admission sent on:

Date of Admission & No

Course admitted to

Date of Leaving / Removal / Graduation

Degree awarded: **C. Th** **Dip. Th** **B. Th**

Remarks

Registrar

Application No:

Form B

SOUTHERN ASIA LEADERSHIP INSTITUTE
Peniel Campus, Veerappannur, Pichannur P. O., Coimbatore-641105

MEDICAL CERTIFICATE

(To be filled by a Registered Medical Practitioner)

Name :
Date of Birth: Male / Female
Height : Weight:

General: ENT

Eyes : Skin:
Skeletal : CVS:
R.S. : Abdomen:
CNS : Blood Pressure :.....

Family History:

Blood Dyscrasia: Diabetes
Hypertension : Asthma:

Past :

Jaundice : Operations
Epilepsy :..... Long Term Treatment
Allergy to any drugs
Intolerance or allergy to any food

Laboratory Reports:

Blood Group : Rh +ve / -ve
Hemoglobin: Serology
Urine : Glucose Tolerance
Chest X –Ray / Screen

Immunization :

Typhoid : Tetanus Cholera
Past treatment & Recommendation

Are you on any long term medication? If so, Please supply a medical report.

Date :

.....

(Signature of the Doctor)

Reg. No.....

Address

Application No:

Form C

SOUTHERN ASIA LEADERSHIP INSTITUTE
Peniel Campus, Veerappannur, Pichannur P. O., Coimbatore-641105

Name of Applicant

Tick the appropriate

A. Financial and Ministerial Guarantee

We hereby undertake to pay the full fee of the above student for the entire period of his / her study at SALI by arranging to transfer our committed amount to the SALI Bursar, either in full or in installments on or before the specified dates. We also assure you that this candidate will work with us upon completion of his / her studies as a

B. Financial Guarantee Only

We hereby undertake to pay the full fees of the above student for the entire period of study at SALI by arranging to transfer our commitment to the SALI Account, either in full or in installments on or before the specified dates.

C. Financial Assistance

We hereby undertake to financially support the above student to the amount of Rs..... annually for the entire period of study at SALI by arranging to transfer our committed amount to the SALI Account, either in full or installment on or before the specified dates. For details Contact:

NOTE: Under no circumstances will SALI be able to advance funds for personal needs.

Office

Sponsor's Signature

Stamp

Designation

Please furnish the name and address of the person to whom the bills of fee should be sent for payment (IN BLOCK LETTERS)

Names

Address

.....

.....

.....

Place

Date

Application No:

Form D

SOUTHERN ASIA LEADERSHIP INSTITUTE
Peniel Campus, Veerappannur, Pichannur P. O., Coimbatore-641105

(To be filled by your local pastor)

Name of the Applicant:

Name of the Referee:

As SALI is training men and women for a lifetime of Christian work and ministry, it needs to take utmost care in selecting applicants. So please give adequate information on the applicant's strengths and weaknesses which is very important for our decision making. If you need extra space for any item, please use a separate sheet of paper. All information given will be kept strictly confidential. **Kindly send this form directly to the Academic Dean.** Thank you for your help.

1. How long have you known the applicant?
2. In what capacity have you known him / her?
3. How would you appraise the applicant's abilities in the following areas?

	Not observed	Poor	Average	Good	Outstanding
Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Congeniality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental cognizance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Moral life	<input type="checkbox"/>				
Behavioral Maturity	<input type="checkbox"/>				
Personal Relation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Kindly use this space to make any additional remarks pertaining to the applicant's strengths and weaknesses that might be helpful in appraising this applicant for admission.

5. Do you recommend this applicant for studies at SALI? (Tick the appropriate)

- Strongly recommend
- Recommend
- Recommend with reservation
- Don't recommend

Signature :.....

Official Stamp

Designation :.....

Place :

Date :.....

Please send this to: The Registrar, SALI, Coimbatore- 105

Application No:

Form E

SOUTHERN ASIA LEADERSHIP INSTITUTE
Peniel Campus, Veerappannur, Pichannur P. O., Coimbatore-641105

(To be filled by the local Christian leader / elder)

Name of the Applicant:

Name of the Referee:

As SALI is training men and women for a lifetime of Christian work and ministry, it needs to take utmost care in selecting applicants. So please give adequate information on the applicant's strengths and weaknesses which is very important for our decision making. If you need extra space for any item, please use a separate sheet of paper. All information given will be keep strictly confidential. **Kindly send this form directly to the Registrar.** Thank you for your help.

1. How long have you known the applicant?
2. In what capacity have you known him / her?
3. What do you know about the applicant's personal commitment to Christ?
4. What is the nature of the applicant's present assignment / appointments?
5. What spiritual gifts and talents does the applicant possess?
6. Spiritual maturity (tick the appropriate)

	Not observed	Poor	Average	Good	Outstanding
Christian life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prayer life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance in the society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparedness to face hardship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stewardship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal relation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Kindly use this space to make any additional remarks pertaining to the applicant's strengths and weaknesses that might be helpful in appraising this applicant for admission.

8. Do you recommend this applicant for studies at SALI? (Tick the appropriate)

- Strongly recommend
- Recommend
- Recommend with reservation
- Don't recommend

Signature :.....

Official Stamp

Designation :.....

Place:

Date

Please send this to: The Registrar, SALI, Coimbatore- 105