



# SATHYA VEDA SEMINARY

(Accredited by Asia Theological Association)

Seminary Road, Christ Nagar, Mulayara P.O., Trivandrum,  
Kerala, India, 695543. Mob: +919995364442, +919946253145  
Email: registrar@svsindia.org, [www.svsindia.org](http://www.svsindia.org)

## GUIDELINES TO FILL THE APPLICATION FORM

1. Read the particulars instructions in the application form carefully before filling.
2. Send the filled in Application to the Registrar.
3. Write clearly, distinctly and specifically.
4. Incomplete application form will NOT be considered.
5. Make sure that the Reference Form reach the office in time, duly filled in by the referees.
6. Originals of all the certificates are to be submitted to the office at the time of admission/interview
7. Attach the following documents with the Application Form:
  - 7.1 Duly attested copies of all the certificates and mark statements.
  - 7.2 Copies of ministry experience certificate (if any)
  - 7.3 Your testimony (one page) & call for Christian Ministry.
  - 7.4 Two copies of your recent passport size photographs.
  - 7.5 Xerox copy of your birth certificate
  - 7.6 Copy of your Aadhar Card.
  - 7.7 Proof of identify to prove your citizenship (Electoral Identity Card/Ration Card/Passport/any other)

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Affix  
The  
Photograph

## APPLICATION FORM

<input checked="" type="checkbox"/>	COURSE	ELIGIBILITY	DURATION
<input type="checkbox"/>	Master of Divinity (M.Div)	B.Th/any Degree/ Mature candidate	2/ 3years
<input type="checkbox"/>	Bachelor of Theology (B.Th)	+2 pass / Dip in Theology or its equivalent	3years
<input type="checkbox"/>	Diploma in Theology (Dip. Th)	SSLC Pass or its equivalent	2year
<input type="checkbox"/>	Church Planters Training (CPT) (Hindi Medium)	Any qualification or no Qualification	1year

PERSONAL INFORMATION					
Name					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth		Age
Nationality			State		
Name of father/ guardian			Phone number of father/ guardian		
Marital status		Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Mother tongue	
Adhar/ID number					

CONTACT DETAILS			
Door no.& street		Town/ village	
Tehsil		District	
Post		Pin Code	
Ph. Number		WhatsApp number	
e-mail			

ACADEMIC INFORMATION				
Examination Passed	Board/ College University	Diploma/ Degree Received	Date of Completion	Class/ Grade Obtained
High School		Not applicable		
+2 or Equivalent				
University Degree				
PG. Degree				
Theological Degree				

Languages you know	Read	Write	Speak

FINANCIAL INFORMATION (for details kindly contact office)	
Who undertake your expenses during the period of study-Parent//Pastor/Organization/Self/Other	
Name, Address with Phone number & E-mail of the person to whom bills has to sent)	
Relationship:	
I,..... here by undertake the entire expense of..... for the above course.	
Date:	signature

SPIRITUAL & CHURCH INFORMATION			
Date of Baptism	(attach personal testimony)		
Received Holy Spirit	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date	
Name & Address of the church			
Name of the Pastor		Phone number of Pastor	
E-mail of Pastor			
Period of membership in the church			

FURTHER DETAILS			
Name of the person who introduced SVS		Phone number	
Relationship with the introducer		Designation of introducer	
Are you taking any medicine regularly	yes <input type="checkbox"/> no <input type="checkbox"/>	(if yes attach doctor's certificate & prscription)	
Do you have any professional/technical training/experience?	yes <input type="checkbox"/> no <input type="checkbox"/>	(if yes attach certificates)	
What gifts and talents do you have?			

**Declaration of the Student**

I ..... hereby declare that all the particulars given above are correct and I agree to abide by the standards of the college.

Date: \_\_\_\_\_ signature of the applicant

**Countersigned by:**

- 1. Pastor .....
- 2. Parent/Guardian .....

<b>To be filled at the time of Admission/Interview</b>			
Original certificates submitted		Original certificates returned	
1		1	
2		2	
3		3	
4		4	
5		5	
If not submitted at the time of interview, state reasons & when it can be submitted?			
Signature of the student with date			

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**For office use only**

Application received on	
Admission	Granted /not granted
Date of admission	
Registration number	
Principal	Academic Dean Registrar

**Final Remarks**

The student has **Graduated/Terminated/Discontinued** on.....

Remarks:.....  
 .....

Date

Registrar



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## MEDICAL FORM

*This portion of the form should be filled by an authorized Medical Practitioner*

Name of the applicant: .....

Date of Birth: ..... Sex.....

Height (in cms): .....Weight (in kgs):.....

History of medical illness (if any) :.....

Any significant family history:.....

General physical examination:.....

Anemia.....Jaundice.....Pulse:.....

Blood Pressure:.....Resp. exam:.....Diabetic.....

Lymphadenopathy:.....CVS Exam:.....Abdomen Exam.....

Other:.....

Investigations:

Hemoglobin:.....TLC:.....

Blood group:.....DLC:.....

Any other special test (if so give details)

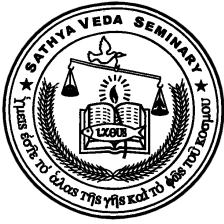
### Declaration

I hereby certify that to the best of my knowledge this candidate is/is not in good physical condition, is/is not from any contagious/infectious disease and is/is not able to pursue a course of studies in the above mentioned seminary.

Doctor's Signature:.....

Doctor's name:.....

Reg.No:.....



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**LETTER OF RECOMMENDATION**  
**(To be filled by the local Pastor/Introducer)**

SVS exists to train men and women as do or die community transformers for Christ. So it is very important to know about candidate's personality, Character and commitment to give effective training at SVS. As the below applicant is applying for admission at SVS, kindly give adequate and appropriate information about the applicant. We would be grateful for your co-operation as referee. All information given will be treated as strictly confidential. Please send this reference directly to SVS' Admission Office or handover to the student in a closed envelop.

Name and address of the student:.....

Desired program of study: .....

Name and address of Referee .....

Phone Number.....E.Mail.....

Designation and church of Referee .....

Please tick the appropriate or comment.

1. What is your relationship to the applicant?:.....

2. Name of the Denomination / Church of the applicant.....

3. How long have you known the applicant? .....

5. What do you know about applicant's personal commitment to Christ?.....

7. Describe the applicant's personality by giving a  mark anywhere on the following scales on each point. Note that either end of scale is better or worse than the other.

Extrovert <input type="checkbox"/>	Introvert <input type="checkbox"/>	Optimistic <input type="checkbox"/>	Realistic <input type="checkbox"/>
Practical <input type="checkbox"/>	Visionary <input type="checkbox"/>	Tidy <input type="checkbox"/>	Casual <input type="checkbox"/>
Punctual <input type="checkbox"/>	Relaxed <input type="checkbox"/>	Warm <input type="checkbox"/>	Reserve <input type="checkbox"/>
Leader <input type="checkbox"/>	Follower <input type="checkbox"/>	Impulsive <input type="checkbox"/>	Calculating <input type="checkbox"/>

8. Wherever possible rate the applicant's character by giving a  mark on the scale of the following.

The Applicant	Never	Sometimes	Often	Always
Behaves Maturely				
Handles money with integrity				
Relates maturely with personas of the opposite sex				

Follow Biblical teachings				
Has servanthood attitude				

9. What else can you tell us about the applicant and his/her family that you think we should know?

.....  
 .....

10. Please tick one:

I recommend the candidate very highly

I recommend the candidate

I recommend the candidate with certain reservations

I do not recommend the candidate

Date:

Signature:

Official Seal:

Name: