



COUNCIL OF INDEPENDENT BIBLE COLLEGES & SEMINARIES

(Managed By :-Board of Bethesda Christian Trust Association)

OFFICE:-B-152/U.G-1 SAROJ APPARTMENT, MAIN SHALIMAR GARDEN,

SAHIBABAD. DISTT-GHAZIABAD (U.P)-INDIA

EMAIL:-bishopmohanlal@outlook.com

Phone No:- 0120-2890026, +91- 9971532857,

(AFFILIATION & MEMBERSHIP APPLICATION FORM)

Name of Applicant or Leader of Organization:-.....

Designation of Applicant in Bible College & Seminary:-

Education Qualification:-.....

Name of Church or Denomination of Applicant:-

Name of Seminary or Bible College for Affiliation:-

Address of Seminary or Bible College:-.....

Phone /Contact No-.....Email-.....

Mailing or Office Address of Bible Colleges:-.....

Phone /Contact No:-.....Office Email-.....

Name of Diploma & Degree Courses studying in your Bible College:-

How Many Students in Bible College & Seminary:-

How Many Teaching Staff in your Bible College & Seminary:-

Name of Your Principal or Director of Bible College or Seminary:-

Phone /Contact No of Principal or Director of Your Bible Colleges:-

Email of Principal or Director of the Bible Colleges:-

How much Amount you will Give to the Council as Donation for the Ministry of God:-

What is statement of faith of Organization: -

Please Attach your statement of faith: -

DECLARATION:- I have given all information correct and true according to my belief and knowledge . I will be the only simple affiliated Member of Council of Independent Bible Colleges & Seminaries and my Bible College and Seminary will be the affiliated Member only with the Council. I will not claim for any kind of Administrative Post in the Council of Independent Bible Colleges & Seminaries. I will also not claim for any kind of financial support from the Council of Independent Bible Colleges & Seminaries. I will follow the rules and regulation of Affiliation and Membership of Council of Independent Bible Colleges and Seminaries.

DATE.....

SINGNATURE OF APPLICANT