

MADRAS THEOLOGICAL SEMINARY & COLLEGE

Department of External Studies

(Accredited by the Asia Theological Association)

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Application



Course for which applied: B.Min.

1. Full Name (in block letters):

2. Address:

a) Permanent:

b) Present:

PHOTO

3. (a) Date of Birth:

(c) State:

(e) Marital Status:

(g) Languages Known:

(i) Cell No:

(b) Place of Birth:

(d) Sex:

(f) Mother Tongue:

(h) Phone No:

(j) E-mail:

4. Educational Qualification:

5. Occupation:

6. a) Church Affiliation:

b) Local Church Membership:

DECLARATION

I hereby declare that the information given above is true to the best of my knowledge and I hereby agree to abide by the rules and regulations of the Department.

Place:

Date:

Signature of the applicant

For Office Use