



INTERNATIONAL BIBLE UNIVERSITY

Application Form

Doctor of Ministry (D. Min.) *
(Fill the Application in Block Letters)

Name:

Address:

.....

Age:.....; DOB.....; Gender.....

Mobile.....; Email.....

Marital Status: ☐ Yes ☐ No

Sponsor.....

Church Affiliation:

.....

Ministerial Experience:

.....

.....

...

Academic Qualification

Field	Higher Degree	Branch	University/Seminary	Year of Completion
Secular				
Theology				

Research Work: (If any)

Degree	
University/Seminary	
Thesis Title	

Application Procedure:

*Please attach the following: (1) Personal Testimony; (2) Recommendations Letters: from the Church / Christian leaders; and from the Theological Teacher; (3) The Attested Photocopies of all the Certificates

*Please make the payment by Cheque / DD / in favour of ICI Diocese

*Doctor of Ministry (D. Min.) is a 2 year course.

Signature: Date.....

Kindly send the filled Application form to: The Director,

Office :
33/7, Sivanantham Street,
West Tambaram, Chennai - 600 045.
Tamil Nadu, India.

+91 96262 64141
+91 63828 89437
+91 90430 35406

internationalbibleuniversity@yahoo.com
www.icidiocese.com

Photo



INTERNATIONAL BIBLE UNIVERSITY

Regular ☐ Distance ☐

Application Form

Course for which you apply :

Full Name :

Residential Address :

.....
.....
.....

Date of Birth :

Gender :

Marital Status :

Mother Tongue :

Languages known :

Cell Number :

E. Mail :

Educational Qualification :

Occupation :

Church Affiliation :

Local Church Membership :

Photo

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

Office :
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