



Koinonia College of Theology

Run by Koinonia Education Foundation

Survey No 131/2, Shubharambh Colony,
Walhekarwadi, Chinchwad, Pune – 411033

Email: jhiwale2001@yahoo.com Ph. No: 020-27650015, Mob: 9850809239

Dear Applicant,

We are delighted to know of your desire to study at Koinonia College of Theology, Pune. Our vision is to equip the people of God for His ministry. We are committed to help you as you consider applying in KCOT.

Please read all the instructions carefully before filling the application. See that the following are included along with your completed application form.

- Copies of all your academic certificates including all your mark sheets. Without these your application will not be processed. Do not attach any original certificates. These are to be produced at the time of registration for verification.
- The Medical Certificate of Physical Fitness in the prescribed form along with copies of medical records.
- A detailed Personal Testimony in your own words. This must not exceed two pages (500 words) and should include the following aspects – conversion experience, call to ministry, previous ministry experience, encouragement you have received from family members and friends for ministry and how you feel KCOT would help fulfil your call.
- Two recent passport size photographs, one pasted to the application form, and the other clipped to the form.
- The Reference Forms, duly filled and signed by the persons you mentioned in your application, sealed in the envelopes provided for the purpose. These must not be from parents, family members, or other close relatives.
- Please enclose a short description of your financial plan for your studies at KCOT.

Fully completed application forms will be processed and reviewed by the Admission Committee. Eligibility for admission is determined through careful evaluation of all the application materials. Incomplete application without supportive documents will not be processed for admission.

The last date of receiving completed applications is 31st May 2019. You may expect to hear from us about the decision of the Admission Committee. If you do not receive any information, you may please contact us.

Please be assured that we will do our best to assist you in the whole process. If you have any questions, please feel free to contact us by email at jhiwale2001@gmail.com or mobile number: 9850809239.

We wish you God's guidance as you seek His will for your life and ministry.

Principal

Rev. Dr. Joseph Hiwale

Known Languages

Speak	Read	Write

B. Academic Information

Degree	Name & Place of Institution	Medium of Instruction	Year of Completion	Overall Percentage

C. Christian Experience

Have you received Jesus Christ as your Lord and Saviour? Yes No. If Yes, When? _____

Are you baptised? Yes No. If Yes, When? _____

Have you served in your church or any Christian Organisation? If Yes, explain your work : _____

D. Church Affiliation

Which Church do you presently attend or serve ?

Name of the Church : _____

Denomination: _____

Name of the Pastor : _____

Address of the church (in brief) : _____

E. Financial Information

Are you being supported by any Church, Organisation or sponsoring agency? Yes No

If Yes, Give Details : _____

Briefly Explain your Financial Condition: _____

F. References

Please indicate the names and addresses of a Christian Leader and an academic reference person who will provide references on your behalf. **These must not include parents, family members or any other close relatives.** Please have these persons complete the reference forms and return them to you in sealed envelopes provided to you, include them along with the application form you send it to Koinonia College of Theology.

1. **Pastors' Reference Name:** _____

Address : _____

Phone : _____ Email : _____

2. **Reference 1 Name :** _____

Address : _____

Phone : _____ Email : _____

DECLARATION AND PLEDGE

I, _____ (name in full) declare that all the information given above is true and correct. I promise that, if admitted:

- I shall fully cooperate in maintaining the high academic standard KCOT keeps.
- I shall endeavour my best to keep the spirit of unity and love KCOT stands for.
- I shall cede to the right of the College Administration the right to take any appropriate disciplinary action against me, if my behaviour, character or doctrines of faith do not conform to the expectations of the Institution.

Place:

Date:

Sign. of Applicant:

Checklist: Kindly check if you have attached the following documents with your application

- Application Form duly filled
- Copies of all Academic Certificates / Transcripts
- A Detailed Personal Testimony
- References filled by Pastor and 2 more persons
- Medical Certificate filled

Please mail this to

Koinonia College of Theology, Survey 131/2, Shubharambh Colony , Off Jijamata Chowk, Walhekarwadi Road , Behind Bijlinagar PCMC Watertank, Chinchwad, Pune, Maharashtra – 411033. Mob. No. 9850809239 email : jhiwale2001@yahoo.com



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Pastor's Recommendation

To the Applicant

Please complete the following information and forward this form to your Pastor for completion, This form should be completed by the leader and sealed in the envelope provided and sent along with the application form.

Name of the Applicant _____

Course applied for _____

To the Pastor

The above individual is applying for admission to KOINONIA COLLEGE OF THEOLOGY, Pune. Admission of this individual is based on the careful evaluation of the Pastor's recommendation. We value and trust your honest feedback and comments about this individual. This document will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant ? _____
2. How long has the applicant been a member of your church? _____
3. Does the applicant have any health problems ? ____ Yes ____ No
If yes , Briefly Explain the problem _____

4. How would you rate the applicant in the following area: (Please tick mark ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Christian Commitment					
Spiritual Maturity					
Christian Character					
Attitude to authorities					
Ability to study in English					
Sense of Responsibility					
Willingness to learn					
Ability to work with others					
Leadership ability					
Critical thinking ability					

5. How would you rate the financial ability of the applicant to support himself / herself at Koinonia College of Theology ?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
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6. If the applicant needs financial help or is unable to pay fees, how and to what extent will your church be able to help ?

Take full responsibility	Raise Support	Help partially	Not be able to help
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7. Please feel free to share any information which you think is important for us to know in the space below:

8. Recommendation : please tick ✓ the appropriate point

- I strongly recommend the student
- I recommend with reservation
- I do not recommend this student

Please fill the information below about yourself

Name : _____

Name of the church : _____

Denomination : _____

Position : _____

Address : _____

Signature : _____

Date : _____



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General Reference Recommendation

To the Applicant

Please complete the following information and forward this form to the references you have mentioned in your application form. This form should be completed by the leader and sealed in the envelope provided and sent along with the application form.

Name of the Applicant _____

Course applied for _____

To the Referee

The above individual is applying for admission to KOINONIA COLLEGE OF THEOLOGY, Pune. Admission of this individual is based on your careful evaluation. We value and trust your honest feedback and comments about this individual. This document will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant? _____
2. How long has the applicant been a member of your church? _____
3. Does the applicant have any health problems? ____ Yes ____ No
If yes , Briefly Explain the problem _____

4. How would you rate the applicant in the following area: (Please tick mark ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Christian Commitment					
Spiritual Maturity					
Christian Character					
Attitude to authorities					
Ability to study in English					
Sense of Responsibility					
Willingness to learn					
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Critical thinking ability					

5. How would you rate the financial ability of the applicant to support himself / herself at Koinonia College of Theology ?

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6. If the applicant needs financial help or is unable to pay fees, how and to what extent will your church be able to help ?

Take full responsibility	Raise Support	Help partially	Not be able to help
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7. Please feel free to share any information which you think is important for us to know in the space below:

8. Recommendation : please tick ✓ the appropriate point

- I strongly recommend the student
- I recommend with reservation
- I do not recommend this student

Please fill the information below about yourself

Name : _____

Position : _____

Institution : _____

Address : _____

Signature : _____

Date : _____



KOINONIA COLLEGE OF THEOLOGY

Run by Koinonia Education Foundation

Reg. under the B.P.T. Act 1860 / 21 No. 1571 / 26-9-2007

Survey No. 130/1, Near PCMC Water Tank, Bijlinagar, Chinchwad, Pune - 411 033.

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MEDICAL CERTIFICATE

Name _____

Age _____ Sex _____

Address _____

_____ Ph. No. _____

Height _____ Weight _____

History of Previous Illness / Medication

Jaundice _____

Tuberculosis _____

Congenital troubles _____

Epilepsy _____

Respiratory problems _____

General Physical Examination

ENT Examination _____

Eye _____

Cardio-vascular System _____

Respiratory System _____

Abdominal examination _____

Central Nervous System _____

Laboratory Examination

Blood – Hb, TC, PC , ESR _____

VDRL _____ RBS _____ Group _____

Hbs Ag _____

STOOL – Occult blood _____

Ova/Cyst _____

URINE – Micro _____

Summary of Above Examinations and fitness report

I do hereby certify that, to the best of my knowledge the above candidate is physically fit to To an intensive study programme study.

Date : _____

(Doctor's signature and Reg. No.)

Address : _____
