



Lakeview

Bible College & Seminary

16, 8th Main, 3rd Cross Road,
SIPCOT Industrial Park,
Irungattukottai, Chennai - 602 117,
Tamil Nadu, India.

APPLICATION FOR ADMISSION — Master of Divinity

M.Div.

1. Student Name:

First Name:

Middle Name:

Family Name / Last Name:

2. Date of Birth: (Date Month Year)

3. Parent / Guardian's Name:

4. Gender: M / F

5. Email Address:

6. Phone:

Mobile Number:

Land Line (with STD Code)

7. Present Address:

8. Name & Address of Home Church:

Student
Photo
Duly Signed

9. Name & Address of Sponsor:

10. Choice of Major:

Christian
Counselling

Leadership

Business
Entrepreneurship

Media
Communications

11. Educational Qualification:

Degree / Course	Institution	Year of Completion	Result

12. Declaration: I hereby declare that the above particulars are true to the best of my knowledge and I promise to abide by the rules and regulations of Lakeview Bible College and Seminary.

Along with this completed form, please enclose:

- (1) Photo copies of all academic certificates
- (2) Two letters of reference (one from your home church)
- (3) A statement of personal testimony with reason to study in LBC&S
- (4) A health certificate in the prescribed format
- (5) Parent / Guardian undertaking

Signature

Mail your application to: **LAKEVIEW BIBLE COLLEGE & SEMINARY,**
16, 8th Main, 3rd Cross Road, SIPCOT Industrial Park, Irungattukottai,
Chennai - 602 117, Tamilnadu, India. Email: registrar@lakeviewbcs.com

Admission No:

(FOR OFFICE USE ONLY)

Admission Date: (Date Month Year)

Signature of the Registrar