Lakeview
BIBLE COLLEGE & SEMINARY
TRAINING LEADERS. TRANSFORMING COMMUNITIES.

16, 8th Main, 3rd Cross Road,
SIPCOT Industrial Park, Irungattukottai,
Chennai 602117, Tamil Nadu, India

Affix recent passport size photo

MASTER OF MINISTRY

Student Name:

First Name:

Middle Name:

Family/Last Name:

Parent / Guardian's Name:

Date of Birth: (Date/Month/Year)

Phone: Mobile Number

Landline (with STD code)

Gender: Male / Female

Marital Status: Single / Married

Email Address:

Present Address:

Name & Address of Home Church:

Educational Qualifications:

Degree / Course	Institution	Year of Completion	Result

Reference 1: (Name, Address, Email & Phone)

Reference 2: (Name, Address, Email & Phone)

Choice of Major:

☐ Christian Studies ☐ Business Entrepreneurship ☐ Media Communications ☐ Christian Counselling

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.

Email your application with required enclosures to registrar@lakeviewbcs.com or WhatsApp the images to 80569 05251

Along with this completed form, please enclose:
(1) A full-face photograph (JPEG)
(2) Photo copies of academic certificates
(3) A reference letter from your church leader
(4) Personal testimony

Signature

(For Office Use Only)

Admission No:

Admission Date: (Date/Month/Year)

Signature of the Registrar