| Attach a Recent Passport Size<br>Photograph  | Admission Status:  Date Admitted:  Remarks: | ID # In process  Not Admitted  Not Admitted |
|--|---|---|
| Glo  | obal Universi                               | ity India                                   |
| (This Application form must be filled in English  Eligibility:  * Below SSLC: C. Th  * Above SSLC: Dip. Th | e for which admission is sought:            | dmission                                    |
| Date of Birth  | Gender:                                     | Male Female                                 |
| Address for communication  |   |   |
| City   |   | Pincode                                     |
| Ctata  |   | Country                                     |

Mobile

Email

Phone

| Please choose only one langua  | •                                 |               |         |          |  |  |
|--|-----------------------------------|---------------|---------|----------|--|--|
| Preferred Language of Instruction Bengali Englis   |                                   | Hindi         | Kannada |          |  |  |
| Malayalam Marat  | :hi Oriya                         | Tamil         | Telugu  |          |  |  |
| Preferred Education Format: Books Internet Electronic Tablet   |                                   |               |         |          |  |  |
| * Each mode charges separate.  |                                   |               |         |          |  |  |
| B. Family Information Check one: Single  | Married Spouse's nam              | ne:           |         |          |  |  |
| Occupation:  |                                   |               |         |          |  |  |
| Father/ Guardian's Name:   |                                   |               |         |          |  |  |
| Occupation of Father/ Guardian:  |                                   |               |         |          |  |  |
|  |                                   |               |         |          |  |  |
| C. Academic Information  |                                   |               |         |          |  |  |
| List high school, colleges and univ  | rersities in the order in which y | you attended. |         |          |  |  |
| Programme Name and place of the College/ Institution Instruction Year of completion Class/ Division and Percentage%        |                                   |               |         |          |  |  |
| Schooling  |                                   |               |         |          |  |  |
| PUC/PDC/HSC  |                                   |               |         |          |  |  |
| Graduation Specify the Degree  |                                   |               |         |          |  |  |
| Post- Graduation   |                                   |               |         |          |  |  |
| Any Other  |                                   |               |         |          |  |  |
| * Attach copy of all certificate   | S.                                |               |         |          |  |  |
| D. Chaisting Formation as and Changle Affiliation  |                                   |               |         |          |  |  |
| D. Christian Experience and Church Affiliation  Have you received Jesus Christ as Lord and Saviour?  Yes  No If yes, when? |                                   |               |         |          |  |  |
| Have you received believers baptism?  Yes  No If yes, when?  |                                   |               |         |          |  |  |
| Have you received the bantions in  | the Hely Spirit /Acts 2: 4\2      | Yes           | No If   | os whon? |  |  |
|  |                                   |               |         |          |  |  |
|  |                                   | <u></u>       |         |          |  |  |
| Church Membership:   |                                   |               |         |          |  |  |

| Name of the   | City:                              |                                    |   |  |  |
|---|------------------------------------|------------------------------------|---|--|--|
| Name of the   | pastor:                            |                                    |   |  |  |
| What is you   | r present occupa                   | tion?                              |   |  |  |
| Have you se<br>Christian org<br>If so, explain  | ganization?                        | terial capacity in any church or i | n any Yes No  |  |  |
| E. Refere   | ences                              |                                    |   |  |  |
| these persor  | ns complete the blication form you |                                    | privide a reference on your behalf. Please have<br>to you in sealed envelopes, include them along<br>DIA. |  |  |
| Address:  | Street                             | Town/City                          | State   |  |  |
|   | Pincode                            | Phone                              | Email   |  |  |
| Declaration  I solemnly declare that all the above information is accurate and true to the best of my knowledge. I understand that any false and misleading information given above may lead to disqualification for admission or continuance at Global University India and that acceptance to Global University India is subject to review and verification of all final records from all institutions I have attended.  If admitted,  I shall attempt to discipline myself in self study.  I shall accept and abide by the decisions of the administration of Global University India, if my behaviour, character or doctrine is contrary to the spirit and emphasis of GUI and understand, including the possible termination of my study at Global University India. |                                    |                                    |   |  |  |
| Date:   |                                    |                                    | Signature:  |  |  |
|   |                                    | _                                  |   |  |  |
|   | nal checklist:                     |                                    |   |  |  |
| Kindly check  | if you have all th                 | ne necessary documents included    | d with your application:  |  |  |
| Ар  | plication Form d                   | uly filled                         |   |  |  |
| Co  | pies of all Acade                  | mic Certificates                   |   |  |  |
| Ар  | plication Process                  | ing Fee of Rs. 100.00 enclosed as  | s Demand Draft drawn in   |  |  |

| Global University India account.  (xxxx Account details) State Bank of India, Kotchadai, Madurai.  |  |  |  |  |  |
|--|--|--|--|--|--|
| A detailed personal testimony (This should include your conversion, call for ministry, previous ministry experience, encouragement you have received from family members and friends for ministry and how you feel GUI would fulfill your call.) |  |  |  |  |  |
| Pastor's Recommendation filled and signed by the pastor of the church you are currently attending  |  |  |  |  |  |
| Please provide details of the Bank through which you are paying  |  |  |  |  |  |
| the Mode of Payment made   |  |  |  |  |  |
| DD drawn in favour of Global University India, Madurai Payment Gateway  Bank transfer to the Bank account Global University India, Madurai   |  |  |  |  |  |
| If any DD is attached, write the DD details  |  |  |  |  |  |
| DD No :  |  |  |  |  |  |
| If any Bank Transfer is made please fill the following:  Bank Name   |  |  |  |  |  |
| Branch Branch  |  |  |  |  |  |
| IFSC Code Date   |  |  |  |  |  |
| Exact Amount Paid Rs Amount in words   |  |  |  |  |  |
| the fee Paid for:  Application  processing Fees  Course Materials  Electronic Tablet   |  |  |  |  |  |
| Please return the duly filled application along with all the above enclosures to:  |  |  |  |  |  |
| GLOBAL UNIVERSITY INDIA PO. Box No 26 214, Seethaiyammal Street, Nataraj Nagar, Madurai 625016.  |  |  |  |  |  |

Phone number: 0452- 4230405

www.globaluniversityindia.com Email: globaluniversityindia@gmail.com

## **Pastor's Recommendation**

| To the Applicant                                     |   |                          |               |                         |           |
|--|---|--------------------------|---------------|-------------------------|-----------|
|  | g information and forward this f<br>envelope provided and sent alo            |                          |               | This form should be com | pleted by |
| Name of Applicant                                    |   |                          |               |                         |           |
| Program Applied for                                  | (ICoM) C. th  | (ICoM) D. th             |               |                         |           |
| Photocopy of Baptism C                               | ertificate and all Educational o  | certificate have to be a | attested by t | he Pastor               |           |
| 1. How long have you k                               | nown the applicant?   |                          | In wha        | at capacity?            |           |
| 2. How long has the app                              | olicant been a member of y  | your church?             |               |                         |           |
| 3. Is the applicant relate If yes, please explain br |   | No                       |               |                         |           |
| 4. To what extent is the ( Please mark with          | <ul><li>applicant engaged in the a</li><li>✓ along the scale below.</li></ul> | •                        | urch?         |                         |           |
| Enthusiastic   | Co-operative  | Attends irregul          | arly          | Seldom participa        | tes       |
| 5. What is the applicant<br>( Please mark with       | 's spiritual influence on his  across the line.)                              | s/ her peers?            |               |                         |           |
| Evangelistic   | Positive  | Neutral                  |               | Negative                |           |
| 7. Suggest your nearest                              | t study centre that you w   | ould recommend to        | the Cand      | idate:                  |           |
| City   |   | State                    |               |                         |           |
| PIN  |   | Country                  |               |                         |           |
| Phone Number:  |   | Email:                   |               |                         |           |
| Name of the Co-ordinat                               | or:   |                          |               |                         |           |
| 6. Recommendation:                                   | I strongly recomm   | end I                    | recomme       | nd with reservation     | ı         |
|  | I do not recomme  | nd                       |               |                         |           |

## Please give your contact informations below:

| Name:              |        |       |           |              |       |  |
|--------------------|--------|-------|-----------|--------------|-------|--|
| Name of the church |        |       |           | Denomination |       |  |
| Position           |        |       |           |              |       |  |
| Address:           | Street |       | Town/City |              | State |  |
| Pincode            |        | Phone |           | Email        |       |  |
| Date               |        |       |           | Signature    |       |  |