



DOBAM THEOLOGICAL COLLEGE

DOBAM, BANDERDEWA, ARUNACHAL PRADESH

APPLICATION FORM *Academic Session: 2026-2027*

APPLYING FOR : Diploma in Theology
 Bachelor of Theology

Full Name

Father's Name

Mother's Name

Gender

Date of Birth

Date of Water
Baptism

Denomination

Status

Married

unmarried

Engaged

Address

Educational
Qualification

Name of the school/college/
university/seminary last attended

Personal

Contact number

Email

Parents'/Guardians' contact number



Medical Certificate

(To be filled in by a medical Practitioner)

Name of the Applicant

Does the applicant have any communicable disease?

*Is the applicant physically fit to undertake full load of studies in the college?
(please note that studies in the college can be stressful)*

Any additional information concerning the applicant's health

Name of the Practitioner

Date

Signature



Declaration of Sponsor (s)

Name of the Sponsor (s) _____

I/We agree to be responsible for the applicant _____

_____ and will pay all necessary and legitimate expenses for his/her studies and to reimburse the college for any expenditure incurred on his/her behalf.

Name

Designation

Contact Number

Address

Date

Signature



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PASTOR'S RECOMMENDATION

I do hereby certify that Mr/Ms

Son/Daughter of is a baptized member of (Church).

Please tick the most appropriate one (Only one)

1. The applicant does not bear good testimony and I have reservations to recommend him/her for theological studies.
2. The applicant bears good testimony and I recommend him/her for theological studies.

Comments (If necessary)

Name

Designation

Contact Number

Address

Date

Signature



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GENERAL RECOMMENDATION

To be filled in by a church leader (not pastor)

1. How long have you known the applicant?

2. What is your relationship with the applicant?

3. How do you know about the applicant's commitment to the Lord Jesus Christ?

4. What are the applicant's visible strengths and weaknesses?

5. Do you think he/she has a call for God's ministry?

6. Do you recommend that he/she lives a good Christian life?

Comments (If necessary)

Name of the Recommender

Designation

Contact Number

Address

Date

Signature