MADRAS THEOLOGICAL SEMINARY & COLLEGE



Department of External Studies

(Accredited by the Asia Theological Association)

14, WADDELS ROAD, KILPAUK, CHENNAI – 600 010.

Phone: 044 - 2641 2297 Email: mtscext@yahoo.com





Course for which applied: B.Min. / M.Div. 1. Full Name (in block letters):			РНОТО	
2. Ado				
a) Permanent:		b) Present:		
	Thurent.	o) Frescht.		
3.	(a) Date of Birth:	(b) Place of Birth:		
	(c) State:	(d) Sex:	(d) Sex:	
	(e) Marital Status:	(f) Mother Tongue:		
	(g) Languages Known:	(h) Phone No:		
	(i) Cell No:	(j) E-mail:		
4. Edu	icational Qualification:			
5. Occ	cupation:			
6.	a) Church Affiliation:			
	b) Local Church Membership:			
		<u>DECLARATION</u>		
I to the	best of my knowledge and I hereby ag	hereby declare that the inforree to abide by the rules and regula	rmation given above is true tions of the Department.	
Place:				
Date:		Signa	ture of the applicant	