

ALL TRUTH BIBLE THEOLOGICAL UNIVERSITY INTERNATIONAL

(A Ministry of Living God Sacred Ministries - India)

Dr. A.V. FOUNDATION

Machavaram, VIJAYAWADA PIN - 520 004. NTR Dist., A.P., INDIA. Cell : 9440356946

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website : atbtuniversity.com

Please Affix
1 Photo here
&
Enclosed 4 photos
to this
Application
with TIE or SUIT
Write your name on
back side

STUDENT APPLICATION FORM

- 1 Application No. _____ Admission No. _____ Enrollment No. _____ Academic Year _____
- 2 Full Name : _____
- 3 S/o., D/o., W/o., G/o. : _____
- 4 Gender : M F Age Date of birth _____ Date of Baptism _____ Marital status M UM
- 5 Course _____ Medium _____ Opt for Ordination _____
- 6 Qualification : Academic _____ Technical _____ Theological _____
- 7 Languages Known 1 (mother tongue) _____ 2. _____ 3. _____ 4. _____
- 8 Address : D.No. _____ Street _____ Village _____ Mandal _____
City _____ District _____ PIN _____ State _____ Country _____
Contact Number : _____ e-mail _____
- 9 Position in the Church : Believer/ Elder/Evangelist/Speaker/ Asst. Pastor/ Pastor/Rev/ Bishop _____
- 10 Ministry Particulars Doctrine : Catholic/ Lutheran/ Baptist/Pentecost/ Brethren/ Church of Christ/ Salvation Army/ CSI/ CNI/
Independent / Fellowships/ if any other please specify _____
- 11 Ministry/Church Name _____ Registered Yes No
D.No. _____ Street _____ Village _____ Mandal _____
City _____ District _____ PIN _____ State _____ Country _____
E-mail : _____ website _____
- 12 Occupation _____ Ministry Full Time Part Time Pre ministry Experience _____ years
- 13 Referred by : ATBTU Member/ ATBTU Coordinator / ATBTU Student/ Pastor/ ATBTU website/ Internet
Name _____ Designation _____ Cell No _____
- 14 Recommended by _____ Designation _____ Cell No _____

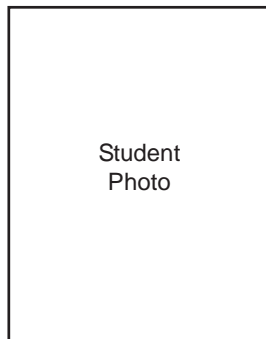
I hereby declare that all the information is true. I realized that university has right to cancel the admission if the information is false

Enclosures : (1) Personal Testimony, (2) Xerox copies of qualification, (3) Xerox copy of Govt. ID proof,
(4) Pass Port size Photos (Five) (With tie or suit), (5) Recommendation Letter.

Signature of the student

FOR OFFICE USE ONLY

Course : _____
Medium : _____
Admission No. : _____
Enrolment No. : _____
Academic Year : _____
Accomplishment : _____
Grade : _____
Resident of : _____
VILLAGE/TOWN/CITY : _____
Contact Number : _____



Student Name : _____
S/o, D/o, W/o. : _____
Course Fee : _____
Paid / Partial : _____
Pending Amount : _____
Application Accepted / Rejected : _____
Remarks : _____

Signature of the Principal with seal