**ANDHRA PRADESH BIBLE COLLEGE**



(A Theological Institution of Assemblies of God)

Miyapur, Hyderabad- 49. [philipbr7@gmail.com](mailto:philipbr7@gmail.com)

aaronrajani@gmail.com

Dear Applicant,

We are overwhelmed that you are considering Andhra Pradesh Bible College for your ministerial preparation. Our desire is to see God glorified in India, especially in Telugu States of Telangana and Andhra Pradesh through the transforming ministry of anointed and equipped servant leaders. To this extent APBC is committed to serving you in your ministerial formation.

Please read the entire prospectus carefully and follow all the instructions while filling the application. Please return the completed application form to the admissions office with all the following documents attached before the due date.

* Copies of all your academic certificates including all your mark sheets. Without these your application will not be processed. Do not attach any original certificates. These are to be produced at the time of registration for verification.
* If you have studied in any other theological seminary or Bible College, request them to send your transcript directly to the Registrar, Andhra Pradesh Bible College. Without this, your application will be incomplete.
* The Medical certificate in the prescribed form enclosed in the prospectus along with copies of medical record. History of past illness medication if any, should be disclosed. If the college discovers any illness or medications that are not disclosed, the same will be considered as breach of trust and admission will be cancelled.
* A detailed personal testimony in your own words in English or Telugu (this must not be longer than two pages) including the following aspects: conversion experience, call for ministry, previous ministry experience/involvement, encouragement you have received from family members and friends for ministry and for study at APBC, and how you feel APBC could help to fulfill your call and commitment.
* Two recent passport size photographs, one pasted to the application form and another clipped to the form.
* The reference form duly filled by your Pastor.
* The finance sponsorship form duly filled and signed with the official seal of the sponsoring individual or organization or parents.
* The application and processing fee of Rs. 100/- is payable at the time of admission.

Admission eligibility is determined through careful and prayerful evaluation of all the application materials. The last date for receiving completed applications is . You may expect to hear from us about the decision of the admissions committee by .

Please be assured that we will do our very best to assist you in the whole process. If you have any questions, please do not hesitate to contact us by phone 9704091007, 9849721295, 9989434884.

We wish you God’s best as you seek His will for your life.

Rev. M. Thimothi Rao

Director, AP Bible College

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**For office use only**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #

Application fee paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Admission**

Attach a recent passport size photograph

**Bachelor of Theology**

**A. Personal Information:**

Name:

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First Name Last Name

Date of Birth: d d m m y y y y Gender: Male Female

Address for communication

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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Pin |  |  |  |  |  |

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| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Country |  |  |  |  |  |  |

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| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |

Permanent address (If different from above): Post Town/City

PIN Code State Country Phone

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Tongue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages that you speak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read and Write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Family Information:**

Check one: Single Married Widowed/Separated/Divorced (Please include details in the testimony)

If married, Spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children (if any) Names and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Post Town/City Pin Code State Phone

Brother/sister (Who has attended APBC) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

**C. Mandatory Disclosures:**

\* Are you undergoing treatment or under medication for any illness? Yes No

If yes, specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Are you now or have you ever been treated for substance abuse/addiction? Yes No

If yes, please explain on a separate sheet of paper.

\* Have you ever been under mental or emotional healthcare? Yes No

If yes, please explain on separate sheet of paper what has been the resolution of the care and

what ongoing care is in process?

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**D. Academic Information:**

List high school, colleges and universities in the order in which you attended. It is the applicant’s responsibility to have all transcripts sent to the Admissions Office at APBC.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme | Name and place of the College/Institution | Medium of Instruction | Year of Completion | Class/Division  aggregate % |
| SSC/10th |  |  |  |  |
| Inter/10+2/ITI/P.Tech |  |  |  |  |
| Graduation/Degree/B.Tech |  |  |  |  |
| Any Other |  |  |  |  |

**E. Enrolment Information:**

Are you currently enrolled in any other institution? Yes No If yes, where? \_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been denied admission to/ been dismissed from / been on disciplinary probation at any college / institution / seminary? Yes No If yes, please explain in detail in a separate sheet of paper

If admitted in APBC, what are your housing plans?

**Single Students:** **Married Students:**

\* Stay at the Hostel as a single student \* Stay at the Hostel as a single student

\* Make my own arrangements off campus \* Make my own arrangements off campus

and commute to the campus and commute to the campus

\* Require family quarter on the campus?

**F. 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 baptism in the Holy Spirit (Acts 2:4)? Yes No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_

\* Which church do you presently attend/serve?

Name of the Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Name of the Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* What is your present occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. Financial Information:**

Please go through the prospectus carefully and answer the following questions.

How do you plan to finance your education at APBC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you being supported by any Church, Organization or Sponsoring Agency? Yes No

If yes, give details. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you filled and submitted the financial sponsorship form? Yes No

**G. References:**

Please indicate the name and addresses of the Pastor/Leader who will provide reference on your behalf. These must not include parents, family members or any other close relatives. Please have the Pastor complete the reference form and let him return it to you in a sealed envelope; include it along with the application form you send to Andhra Pradesh Bible College.

**Pastor’s Reference-** Pastor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Post Town/City PIN Code

State Phone Email

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**Applicant Declaration:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 by me may lead to disqualification for admission and study in APBC.

If admitted,

• I shall attempt to maintain high academic standards.

• I agree to abide by the Community Life Standards, observe all policies and regulations of APBC and maintain a high standard of Christian conduct both on and off campus. I shall endeavor to balance my spiritual, personal, family, and social life with my academic life in order to faithfully fulfill my responsibilities in all areas of my life.

• I shall accept and abide by the decisions of the administration of APBC, and understand that I may undergo discipline, including the possible termination of my study at APBC, if my behavior, character or doctrine is contrary to the spirit and emphasis of APBC.

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist:**

\* Kindly check if you have all the necessary documents included with your application:

Application Form duly filled

Copies of all Academic Certificates / Transcript

A detailed personal testimony (This should include your conversion, call for ministry, previous ministry

experience, encouragement you have received for ministry and how you feel APBC would help to

fulfill your call)

Pastor’s Reference filled and signed by the pastor of the church you are currently attending.

Finance and Sponsorship Form duly filled and signed by your sponsor / parent.

Medical Certificate of Physical Fitness duly filled by a Registered Medical Practitioner

**\* Please return the application along with all the above enclosures to:**

**Andhra Pradesh Bible College**

**Miyapur (PO), Hyderabad- 49**

**Telangana**



**ANDHRA PRADESH BIBLE COLLEGE**

**Pastor’s Reference**

|  |
| --- |
| **To the Applicant**  Please complete the following information and forward this form to your Pastor for completion. This form should be completed by the Pastor, sealed in the envelope and sent along with the application form  Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Applied to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**To the Pastor**

The above individual is applying for admission to Andhra Pradesh Bible College. Admission eligibility is dependent upon a careful evaluation of the Pastor’s Reference. Consequently, we rely mostly on you. Therefore, we request you to complete this form carefully. This document will be kept confidential. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How long has the applicant been a member of your church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is the applicant related to you? Yes No If yes, in what relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does the applicant have any health problems? Yes No If yes, please explain briefly? \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How would you rate the applicant in the following areas: (Please mark with  in the appropriate column)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Avarage | Not Ok | Not Observed |
| Spiritual Maturity |  |  |  |  |  |
| Attitude to authority |  |  |  |  |  |
| Willingness to learn |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Integrity/Honesty |  |  |  |  |  |
| Leadership ability |  |  |  |  |  |

6. How would you rate the applicant’s financial ability to support himself/herself to study at APBC?

|  |  |  |
| --- | --- | --- |
| Able to support himself/herself | Would need some (partial) help | Unable to pay at all |

7. If the applicant needs financial help or is unable to pay fees, how and to what extent will your church

be able to help?

|  |  |  |
| --- | --- | --- |
| Take full responsibility | Help partially | Not be able to help at all |

8. Please comment on any positive or negative characteristics you have observed in the life of the

applicant: (personal, social, family, emotional, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Would you like us to call you to discuss about this student? Yes No

11. **Recommendation:** I strongly recommend I preferably recommend I do not recommend

**Please print the information below about yourself:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Position/Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**Finance Sponsorship Information:**

Name of the Applicant:

Are you sponsored by a church/organization/sponsoring agency? Yes No

If yes, please state the name of the sponsoring body. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please state that who will be responsible for paying your fees. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Sponsoring Organization / Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Post Town/City PIN Code

State Phone Email

**Sponsorship Guarantee Statement**

Kindly treat the statement of sponsorship serious. The college holds you responsible to fulfil the financial commitment.

**Student’s Commitment**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am responsible for paying the sum of Rs. \_\_\_\_\_\_\_\_ this year towards my fees at APBC. I promise to pay the same through my sources of income

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor’s/Parent’s Commitment**

I hereby solemnly undertake to pay the sum of Rs. \_\_\_\_\_\_\_\_\_\_ per year towards the financial support of Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for one / two / three year(s) upon his/her admission to AP Bible College

Official Seal of the

Sponsoring organization

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Applicant Declaration:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby solemnly declare that all the information given above is true to the best of my knowledge. I understand that any information found to be inaccurate will lead to penal action including summary dismissal from the college. I also promise that if there is any change of situation in my financial status, I will inform the college at the earliest.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Surety Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Certificate of Physical Fitness**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION**

Jaundice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congenital troubles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rheumatic heart: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Epilepsy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respiratory problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL PHYSICAL EXAMINATION**

ENT Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardio-vascular system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respiratory system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abdominal examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Central nervous system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LABORATORY EXAMINATION**

BLOOD - Hb, TC, PC, ESR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VDRL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RBS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group: \_\_\_\_\_\_\_\_\_

Hbs Ag: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STOOL - Occult blood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ova/Cyst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URINE – Micro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT**

I do hereby certify that, to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date: \_\_\_\_\_\_\_\_\_\_\_ (Doctor’s signature and Reg.No.)

Address: Street Town/City State Phone