



DUNAMIS BIBLE INSTITUTE

Contact: (+233)243824880/ (+233)509520595

P. O. Box TL2966, Tamale, N/R, Ghana

Email: info@dunamisbibleinstitute.com

Website: www.dunamisbibleinstitute.com

Location: Plot no. 54 Target Hill, Tamale

APPLICATION FORM FOR ADMISSION TO CERT/H.C/ AND DIPLOMA PROGRAM

1. PERSONAL DETAILS:

Title: Rev/Dr/Mr./Mrs./Miss/Ms. (*delete as appropriate*) Postal Address:.....

Surname:.....

Other Names:

Previous Names if applicable:

(Note: Names used here must be exactly as appear on certificates)

Date & Place of Birth: Telephone:

..... Fax:

Nationality: E-mail:.....

Marital Status: (tick as appropriate) Single [] Married []

Number of children:.....

. PROGRAM APPLIED FOR:

- 1. Certificate in Ministries 2. Certificate in Pastoral Ministries 3. Higher Cert in Practical Theology
- 4. Diploma in Theology

Options: Regular [] Weekend []

3. EDUCATIONAL BACKGROUND: *(Give details of all previous education)*

University/College/SSS/JSS/Primary	Name of Degree/Diploma/Cert.	Degree/Cert. Award Date	Class of Degree Awarded

4. PROFESSIONAL OR MINISTRY BACKGROUND:

Current Employer: (Name of Church/Institution/Organization)

.....

Position:

Years of Service:

Please indicate if your proposed course of study has the support of your employer

(church/organization)

.....

.....

What significant contribution do you hope to make after completing these studies?

.....

.....

.....

5. FINANCE: Source of funding: *(Please also indicate possible sums and evidence of support)*

Self:

Family/Friends:

Local Church:

Denomination

Funding Agencies*

**Please list here any funding agencies to which you have applied*

7. OTHER REQUIREMENTS

a. Will you need accommodation? Yes [] No []

b. Languages spoken.....

c. Do you use tobacco, alcohol or any other drugs? Yes [] No []

d. Do you have any special need (deformity)? Yes [] No []

8. DECLARATION (to be signed by all applicants) :

I, the undersigned applicant, declare that the (please write your full name) information supplied in this form is true and accurate to the best of my knowledge and belief. If admitted, I will abide by all the rules and regulations of the Seminary and cooperate in advancing the Christian testimony of C.P.T.M. I may be disciplined or dismissed whenever the administration decides it would be in my interest and the interest of the Seminary. The school is not under any obligation to provide for any of my needs or assumes financial obligations for any accident or illness I incur at any time.

Date..... Signature.....

FOR OFFICE USE ONLY

Date received	Checked by	Short-listed/Not short-listed
.....

(Signature)

Program applied for	Accepted/Not Accepted
.....