





**B. Family Information:**

Check one:  Single  Married If married, Maiden name \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have any children?  Yes  No Names and ages: \_\_\_\_\_

Are you planning to

- Come as a single student and stay in the single students' dormitory.
- Make my own living arrangements off campus and study as a day-scholar.
- Would like to avail the married quarter facility if available.

Father/Guardian

Mother

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_ Country \_\_\_\_\_

PIN \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Brothers and sisters:

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

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

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

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

Languages that you Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**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 on-going care is in process.



**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 GSC

Programme	Name and Place of the College/Institution	Medium of Instruction	Year of completion	Class/Division and aggregate %
Schooling				
PUC/PDC/HSC				
Graduation				
Post-Graduation				
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.

Are you applying to any other college for admission?  Yes  No If yes, specify. \_\_\_\_\_

**F. Christian Experience and Church Affiliation**

Have you received Jesus Christ as Lord and Saviour?  Yes  No If yes, when? \_\_\_\_\_

Which church do you presently attend or serve?

Name of the Church and City: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of the pastor: \_\_\_\_\_ Are you a member of this church?  Yes  No

What do you consider as your denominational affiliation? \_\_\_\_\_

Have you served in any ministerial capacity in the church or any Christian organization?  Yes  No

If so, explain \_\_\_\_\_

\_\_\_\_\_



### G. Financial Information

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

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

Briefly explain your financial situation as to how you plan to financially support yourself for doing this program?

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

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

### H. References

Please indicate the names and addresses of a Christian Leader and an academic reference person who will provide references on your behalf. These must not include parents, family members or any other close relatives. Please have these persons complete the reference forms and return them to you in sealed envelopes and include them along with the application form you send to Global School of Counselling.

Christian Leader's Reference Name: \_\_\_\_\_

Address: | Street | Town/City | State |  
| Pincode | Phone | Email |

Academic Reference Name: \_\_\_\_\_

Address: | Street | Town/City | State |  
| Pincode | Phone | Email |

### Declaration

I 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 may lead to disqualification for admission or summary dismissal and that acceptance to Global School of Counselling is subject to review and verification of all final records from all institutions I have attended.

If admitted, I agree to abide by the Community Life Standards, observe all policies and regulations of Global School of Counselling and maintain a high standard of Christian conduct both on and off campus.

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

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



## Pastor/Christian Leader's Reference

### To the Applicant

Please complete the following information and forward this form to your Pastor or a Christian leader who could provide a reference for you. This form should be completed by the person and sealed in the envelope and sent along with the application form.

Name of Applicant \_\_\_\_\_

Program Applied to: \_\_\_\_\_

### To the Pastor/Christian Leader

The above individual is applying for admission to Global School of Counselling. Admission eligibility is dependent upon a careful evaluation of your Recommendation. We rely heavily on you, to help us distinguish between those students who are spiritually, socially, and emotionally mature enough to find success here, and those who are not. Therefore, we value your comments very highly and 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	Above Average	Average	Below Average	Not observed
Christian Commitment					
Spiritual Maturity					
Christian Character/Testimony					
Attitude to authority					
Ability to study in English					
Sense of Responsibility					
Willingness to learn					
Ability to work with others					
Integrity/Honesty					
Willingness to help others					
Leadership ability					
Relationship with the Family					



6. How would you rate the applicant's financial ability to support himself/herself at GSC?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
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7. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

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8. In your opinion, what areas of the applicant's life would need special attention here at GSC?

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

10. Recommendation:  I strongly recommend  I recommend with reservation  I do not recommend

Please print the information below about yourself:

Name \_\_\_\_\_

Name of the church \_\_\_\_\_ Denomination \_\_\_\_\_

Position \_\_\_\_\_

Address: 

Street	Town/City	State
Pincode	Phone	Email

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Academic Reference

### To the Applicant

This form is to be completed by your professor who has taught you in your most recent graduate level degree. Please print your name and address neatly.

Name of Applicant \_\_\_\_\_

Program Applied to: \_\_\_\_\_

### To the Referee

The person named above is applying for admission to the Global School of Counselling and has requested a reference from you. We really appreciate your honest and accurate remarks and estimations. All information given will be treated as strictly confidential. Please complete this form and return it to the applicant, sealed in an envelope. Thank you for your assistance.

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

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

	Excellent	Above Average	Average	Below Average	Not observed
Handles abstract concepts					
Handles academic workload					
Writing skills					
Study habits					
Flexibility					
Initiative					
Hardworking					
Persevering					
Team dynamics					
Integrity					
Leadership ability					

3. Please comment on the applicant's aptitude for the counseling programme.

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4. Please comment on the applicant's strengths and areas needing improvement.

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5. In your opinion, what areas of the applicant's life would need special attention here at GSC?

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6. Would you like us to call you to discuss this applicant?  Yes  No

7. **Recommendation:**  I strongly recommend  I recommend with reservation  I do not recommend

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Please print the information below about yourself:

Name \_\_\_\_\_

Position \_\_\_\_\_

Address: 

Street	Town/City	State
Pincode	Phone	Email

Signature \_\_\_\_\_

Date \_\_\_\_\_





# Finance and Sponsorship Form

## 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 who will be responsible for paying your fees. \_\_\_\_\_

Name and address of the Sponsoring Organization / Individual:

Address: Street	Town/City	State
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Pincode	Phone	Email
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## Sponsorship Statement

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

### STUDENT'S COMMITMENT

I understand that I am responsible for paying the sum of ₹ \_\_\_\_\_ this year towards my fees at GSC. I expect to pay the same through the following sources of income.

Family:	₹	_____	
Sponsor:	₹	_____	
Others	₹	_____	(specify) _____
TOTAL:	₹	_____	

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

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

### SPONSOR'S COMMITMENT

I hereby solemnly undertake to pay the sum of ₹ \_\_\_\_\_ per year towards the financial support of Mr./Ms. \_\_\_\_\_ for one year / two years upon his/her admission to Global School of Counselling.

Official Seal of the Sponsoring organization

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

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

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



## Medical Certificate of Physical Fitness

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

### HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION

Jaundice \_\_\_\_\_ Surgeries \_\_\_\_\_

Tuberculosis \_\_\_\_\_ Allergy to any drugs/food \_\_\_\_\_

Congenital troubles \_\_\_\_\_ Rheumatic heart \_\_\_\_\_

Epilepsy \_\_\_\_\_ Respiratory problems \_\_\_\_\_

Long-term treatment \_\_\_\_\_

### FAMILY HISTORY

Blood Dyscrasia/Haemophilia \_\_\_\_\_ Hypertension \_\_\_\_\_

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_

### 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 \_\_\_\_\_ Rh factor: \_\_\_\_\_

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 \_\_\_\_\_

Phone : \_\_\_\_\_