

APPLICATION FORM

Date: _____

Place: _____

Full name of Applicant: _____

Gender: ___ Male. ___ Female.

Date of birth: _____ Age: _____ Marital Status: _____.

Address: _____

Phone number: _____

Email: _____

Date of Baptism: _____

Attending Church: _____

Secular education: _____

Occupation: _____

Ministry experience: _____

DECLARATION

I hereby, declare that all the details, which are mentioned above, are true to my best knowledge. I assure that, if I am admitted, I will abide by the rules and regulations of Bible Badi.

Signature of the applicant with date

