



Ebenezer Bible College

Puzhikol P.O., Kaduthuruthy, Kottayam, Kerala 686 604.

Phone: 04829 238694

LETTER OF RECOMMENDATION

(Strictly Confidential)

Note: This form should be filled by your **Pastor** and sent directly to:

The Registrar, Ebenezer Bible College, Puzhikol P.O., Kaduthuruthy, Kottayam, Kerala State 686 604

Name of candidate (IN BLOCK LETTERS) _____

Name of Referee _____

EBC gives extreme care in selecting candidates to undergo theological training, for it moulds spiritual leaders of tomorrow. It would be of great assistance to us if you could answer a few questions about the applicant's abilities and spiritual commitment to Christ. This type of request can be somewhat onerous, but the pro-forma questions given below will ease the task.

Any information that you are able to give will help the Faculty of EBC to assess the suitability of the applicant and will be treated in the strictest confidence. Thank you, in advance, for your prompt reply.

1. How long have you been known the applicant? _____

2. In what capacity have you known him? _____

3. What do you know about the applicant's personal commitment to Christ? _____

4. What spiritual gifts and talents does the applicant possess? _____

5. What do you think are the main areas of strength and weakness in the applicant's life? _____

6. Please write additional comments overleaf, if any.

7. Please tick one:

I recommend the candidate very highly.

I recommend the candidate.

I recommend the candidate with certain reservations.

I do not recommend the candidate.

Signature _____

Designation _____

Official Stamp:

Date : _____



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LETTER OF RECOMMENDATION

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Note: This form should be filled by your **Former Teacher** and sent directly to:

The Registrar, Ebenezer Bible College, Puzhikol P.O., Kaduthuruthy, Kottayam, Kerala State 686 604

Name of candidate (IN BLOCK LETTERS) _____

Name of Referee _____

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Any information that you are able to give will help the Faculty of EBC to assess the suitability of the applicant and will be treated in the strictest confidence. Thank you, in advance, for your prompt reply.

1. How long have you been known the applicant? _____

2. In what capacity have you known him? _____

3. What do you know about the applicant's personal commitment to Christ? _____

4. What spiritual gifts and talents does the applicant possess? _____

5. What do you think are the main areas of strength and weakness in the applicant's life? _____

6. Please write additional comments overleaf, if any.

7. Please tick one:

I recommend the candidate very highly.

I recommend the candidate.

I recommend the candidate with certain reservations.

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Signature _____

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MEDICAL CERTIFICATE

Name of the Applicant _____

Age _____ Height _____ Weight _____

General Diagnosis

Eyes _____ Skin _____

Skeletal _____ CVS _____

R.S. _____ Abdomen _____

CNS. _____ Blood Pressure _____

Family History

Blood dyscrasia _____ Diabetes _____

Hypertension _____ Asthma _____

Past

Jaundice _____ Surgeries _____

Epilepsy _____ Long term treatment _____

Allergy to any drugs _____ Allergy to any food _____

Laboratory Report

Blood Group _____ Rh Pos/Neg _____

Hemoglobin _____ Serology _____

Urine _____ Glucose Tolerance _____

Any other _____

Recommendations _____

Date _____ (Signature of the Doctor) _____

Reg. No. _____

Official Seal