



# OLIVE THEOLOGICAL INSTITUTE

Navajeevodayam, Post Box No.16, Tiruvalla - 689 101, Kerala, India

Ph: 0469-2636041, 09961351163

e-mail : info@oti.org.in, website:www.oti.org.in

Date:

Dear Applicant,

Welcome to Olive Theological Institute. Our vision is to see the evangelization of South Asia through the ministry of scholastic servant leaders. We are committed to help you as you consider applying to Olive Theological Institute. Please go through the following instructions before proceeding forward.

1. M.Div, B.Th and Dip.Th programmes are accredited by ATA.
2. Read the particulars in the application form carefully before filling it.
3. Furnish all the information asked for; write clearly, distinctly and specifically.
4. Attach the following documents with the Application Form:
  - i) Duly attested copies of all academic certificates and mark statements. Without them your application will not be processed.
  - ii) The Reference Forms, duly filled by the persons you mentioned in your application, sealed in the envelopes provided for the purpose (These must not include parents, family members or any other close relatives). Make sure that they reach the office in time.
  - iii) Your Testimony and call for ministry in your own words. This should include the following aspects - conversion experience, call for ministry, previous ministry experience and how you feel OTI would help to fulfill your call.
  - iv) Copies of Ministry Experience Certificate (if any)
  - v) Two copies of your recent passport size photographs, one pasted on the application and the other clipped to the form.
  - vi) Attested xerox copy of your Birth Certificate.
  - vii) Attested copy of proof of identity to prove your citizenship and photo identity (Electoral Identity Card / Ration Card / Passport / any other)
  - viii) The Medical Certificate of Physical Fitness in the prescribed form enclosed in the prospectus along with copies of medical records. Non-disclosure of history of any past illnesses and medications will lead to cancellation of admission.
  - ix) The Sponsorship Form, duly filled and signed with the official seal of the sponsoring individual or organization.
  - x) A Demand Draft towards the non-refundable application processing fee of Rs.200- drawn in favour of Olive Theological Institute payable at Tiruvalla.

Dr. GEORGE SAMUEL  
(President)  
drgeorgesamuel@gmail.com

Mr. OOMMEN K. THOMAS  
(Executive Director)  
oommen2u@hotmail.com

Mrs. ANNE OOMMEN THOMAS  
(Director)  
anne.samuels@hotmail.com

6. Applications received after the last date will not be considered.
7. Applicants who are awaiting results and provisionally admitted should submit the pass certificates, by the end of the first term. Those who fail to do so will have their registration cancelled.
8. Do not send any original certificates along with your application for admission. Originals of all the certificates are to be submitted to the Academic Office at the time of admission.
9. Application form and the documents attached with it will not be returned.
10. Incomplete application forms will NOT be considered.

Send the filled-in application form and attached documents to the Registrar, Olive Theological Institute, Navajeevodayam, Post Box No.16, Tiruvalla 689 101. The last date for receiving completed application is 10<sup>th</sup> April 2018. Late application will be received until 20<sup>th</sup> April 2018 with a late fee of Rs. 150/-.

Please be assured that we will do our best to assist you in the whole process. If you have questions, please contact us by e-mail at [info@oti.org.in](mailto:info@oti.org.in) or by phone at 0469 2636041/8281334546.

**We wish you God's guidance as you seek His will for life.**

**Registrar**





**B. FAMILY INFORMATION**

1. Check one:  Single  Married  Widowed  Divorced  
 If married, Maiden name.....
2. Spouse's name ..... Occupation .....
3. Do you have children?  Yes  No  
 Names and ages:  
 1. ....  
 2. ....  
 3. ....
4. As family quarters are not available on campus, what would be your alternative plans?  
 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.
5. Details of Parent  Guardian   
 Name of Father ..... Occupation .....  
 Name of Mother..... Occupation .....  
 Address .....  
 .....  
 State ..... Country ..... PIN .....
- Phone ..... Email .....
6. Do you have relatives presently studying at OTI?  Yes  No  
 If yes, specify: ..... Relationship: .....
7. Mother Tongue: ..... Languages that you Speak .....  
 .....Read ..... Write .....

**C. MANDATORY DISCLOSURES**

1. Are you undergoing treatment or under medication for any illness?  Yes  No  
 If yes, specify: .....
2. 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.
3. Have you ever been under mental or emotional healthcare?  Yes  No
4. a. Have you ever been hospitalized recently?  Yes  No  
 If yes, give reason .....
- b. Has any death occurred in your immediate family?  Yes  No  
 If yes, state who .....  
 Reason .....
5. Are there any police/court cases wherein you are involved ?  Yes  No  
 If yes, explain.....



## D. ACADEMIC INFORMATION

List high school, colleges and universities in the order you attended. It is the applicant's responsibility to have copies of transcripts sent to the Admissions Office at OTI

Programme	Abbreviation	Specialization	Name and Place of the College/ Institution	Medium	Year of Completion	Class/ Grade
Schooling						
HSC						
Graduation						
Post Graduation						
Any Other						

## E. ENROLMENT INFORMATION

1. Have you ever applied to OTI before?  Yes  No

If yes, when .....

2. 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.

3. Are you applying to any other college for admission?  Yes  No

If yes, specify .....

## F. CHRISTIAN EXPERIENCE AND CHURCH AFFILIATION

1. Have you received Jesus Christ, as your Lord and Saviour?  Yes  No

If yes, when? .....

2. Do you have a definite call for full time Christian ministry?  Yes  No

3. Of which church are you presently a member?

a. Name of the Church .....

b. Address .....

c. Denomination .....

d. Name of the Pastor .....

4. What is your present involvement in the Church? .....

5. Have you served in any ministerial capacity in the church or any Christian organization?

Yes  No

If so, explain .....

6. Are you committed to the mission of Olive Theological Institute?  Yes  No



G. FINANCIAL INFORMATION

1. Who is responsible for the payment of fee for the entire period of your study at OTI.

- Church, Parent, Sponsor, Pastor, Self

2. Address of your Sponsor. ....

3. Are you being supported by any Church, Organization or Sponsoring Agency? Yes No
If yes, give details .....

4. What is the monthly Income of your family?

- 1. Personal .....
2. Family .....

H. REFERENCES

Please indicate the names and addresses of your Pastor and two other persons 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 provided to you. Include them along with the application form you send to Olive Theological Institute.

1. Pastor's Recommendation Name:.....

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

2. General Reference Name:.....

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

3. Academic Reference Name:.....

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



**I. STATEMENT OF FAITH**

We Believe In

- ⦿ The Holy Scripture as inspired of God the only infallible, sufficient and authoritative rule of faith and practice.
- ⦿ One God eternally existent in three persons, Father, Son and Holy Spirit.
- ⦿ The Deity of our Lord Jesus Christ, His virgin birth, His sinless life, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension, His mediatorial intercession and His personal return in power and glory.
- ⦿ Salvation through grace and justification by faith.
- ⦿ The indwelling of the believer by the Holy Spirit enabling the Christian to live a Godly, victorious, effective and fruitful life.
- ⦿ The resurrection of both the saved and lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- ⦿ The spiritual unity of all believers in our Lord Jesus Christ comprising the Church, the Body of Christ.

**DOCTRINAL POSITION**

1. Have you read the attached Doctrinal Statement of OTI?  Yes  No
2. Are you in agreement with the views expressed therein?  Yes  No
3. Are there areas in which you have not formed an opinion?  Yes  No

If yes, specify: .....

.....  
.....  
.....

4. Are there areas of disagreement?  Yes  No

If yes, specify: .....

.....  
.....  
.....

Signature .....

Date .....



## J. 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 continuance at OTI and that acceptance to OTI is subject to review and verification of all final records from all institutions I have attended.

If admitted,

- I shall attempt to maintain high academic standards.
- I agree to abide by the rules and regulations of OTI and maintain a high standard of Christian conduct both on and off campus and shall balance my spiritual, personal, family, and social life with my academic life in order to faithfully fulfill responsibilities in all aspects of my life.
- I shall accept and abide by the decisions of the administration of OTI. If my behaviour, character or doctrine is contrary to the spirit and emphasis of OTI, I am eligible to receive punishment, including the possible termination of my study at OTI.

Date: .....

Signature : .....

## Checklist

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

- Application Form duly filled.
- Attested copies of all Academic Certificates / Transcripts.
- Application Processing Fee of ₹100/- enclosed as Demand Draft drawn in favour of Olive Theological Institute.
- Your Testimony and call.
- Ministry Experience Certificate (if any)
- Pastor's Recommendation filled and signed by the pastor of the church you are currently attending.
- General Reference filled by someone who is not related to you.
- Academic Reference filled by your teacher.
- Sponsorship Form duly filled and signed by your sponsor.
- Medical Certificate of Physical Fitness duly filled by a Registered Medical Practitioner.
- Two copies of your recent passport size photographs.

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

The Registrar  
 Olive Theological Institute, Navajeevodayam Centre,  
 Post Box No.16, Tiruvalla – 689 101, Kerala, India  
 Ph: 0469-2636041, 09961351163  
 e-mail : info@oti.org.in, website:www.oti.org.in





**FINANCE SPONSORSHIP FORM**

**Sponsorship Information**

Name of the Applicant: .....

Programme applied to:     M.Div.                       B.Th.                       Dip.Th.

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

2. 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.....

|Pincode.....|Phone.....|Email.....

**STUDENT'S COMMITMENT**

I understand that I am responsible for paying the amount mentioned below (per year) towards my fees at OTI.

1<sup>st</sup> Year            ^ .....`

2<sup>nd</sup> Year            ^ .....`

3<sup>rd</sup> Year            ^ .....`

Signature of student: .....

Date:.....

**SPONSOR'S COMMITMENT**

I hereby solemnly undertake to pay the sum of ..... per year towards the financial support of

Mr./Miss.....

for one/two/three years upon his/her admission to Olive Theological Institute.

Official Seal  
of the  
Sponsoring Organization

Signature: .....

Name:.....

Date:.....





**PASTOR'S RECOMMENDATION (CONFIDENTIAL)**

**To the Applicant**

Please complete the following information and forward this form to your pastor for completion. This form should be completed by your pastor and sealed in the envelope provided and sent along with the application form.

Name of Applicant: .....

Program Applied to: .....

**To the Pastor**

The above individual is applying for admission to Olive Theological Institute. Admission eligibility is dependent upon a careful evaluation of the Pastor's Recommendation. As a missionary training institution, we see ourselves as an extension of the mission and work of the rural church, preparing leaders and workers to serve in significant ways in the church and missions. Consequently, we rely heavily on you, the Pastor, 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, what is the relationship?.....
4. Does the applicant have any health problems?  Yes  No  
If yes, please explain briefly?.....
5. To what extent is the applicant engaged in the activities of your church? (Mark with ✓ along the scale below)  
| Enthusiastic | Co-operative | Seldom participates | Attends irregularly |
6. What is the applicant's spiritual influence on his peers? (Mark with ✓ along the line)  
| Enthusiastic | Co-operative | Seldom participates | Attends irregularly |
7. How would you rate the applicant in the following areas: (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					



8. How would you rate the applicant's financial ability to support himself at OTI?

|Able to support himself |Would need some help |Unable to pay |In real need of help |

9. 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 |Raise support |Help partially |Not be able to help at all |

10. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

.....  
.....  
.....

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

.....  
.....  
.....

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

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

.....

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

Name: .....

Name of the Church:..... Denomination: .....

Position: .....

Address: |Street |Town/City |State

|Pincode |Phone |Email

OFFICE SEAL

Signature .....

Date .....



## GENERAL REFERENCE (CONFIDENTIAL)

### To the Applicant

This form should be completed by one of the two people whose names you have given as references in your application form. Please fill in your name and forward this form to the person. The completed form should be sealed in the envelope provided and sent along with the application form.

Name of Applicant: .....

Program Applied to: .....

### To the Referee

The above individual is applying for admission to OTI. Admission eligibility is dependent upon a careful evaluation of your recommendation. We highly value your comments and request you to complete this form carefully and as objectively as possible, Kindly seal it in the envelope provided and return it to the applicant. This document will be kept confidential. Thank you for your assistance.

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

2. Is the applicant related to you?  Yes  No

If yes, in what relationship?.....

If no, in what capacity do you know him? .....

3. Does the applicant have any health problems?  Yes  No

If yes, please explain briefly?.....

4. To what extent is the applicant engaged in Christian Ministry? (Mark with ✓ along the scale below)

| Enthusiastic ..... | Co-operative ..... | Seldom participates ..... | Attends irregularly..... |

5. What is the applicant's spiritual influence on his peers? (Mark with ✓ along the line)

| Evangelistic ..... | Positive ..... | Neutral ..... | Negative ..... |

6. How would you rate the applicant in the following areas: (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					



7. How would you rate the applicant's financial ability to support himself at OTI?

|Able to support himself .....|Would need some help .....|Unable to pay .....|In real need of help .....

8. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

.....  
.....  
.....

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

.....  
.....  
.....

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

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

.....  
.....  
.....  
.....

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

Name: .....

Position: .....

Address: |Street .....|Town/City .....|State .....

|Pincode .....|Phone .....|Email .....

OFFICE SEAL

Signature .....

Date .....



**ACADEMIC REFERENCE (CONFIDENTIAL)**

**To the Applicant**

This form should be completed by a professor or a teacher who is acquainted with your academic performance. Please fill in your name and forward this form to the person. The completed form should be sealed in the envelope provided and sent along with the application form.

Name of Applicant: .....

Program Applied to:.....

**To the Referee**

The above individual is applying for admission to OTI. Admission eligibility is dependent upon a careful evaluation of your recommendation. We highly value your comments and request you to complete this form carefully and as objectively as possible, Kindly seal it in the envelope provided and return it to the applicant. This document will be kept confidential. Thank you for your assistance.

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

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

	Not Observed	Poor	Average	Good	Outstanding
Learning ability					
Relationship with peers					
Creative thinking					
Proficiency in English					
Oral communication skills					
Written communication skills					
Mental cognizance					
Leadership skills					
Attitude to authority					
Organization					



3. Kindly use this space to make any additional remarks about the applicant's strength and weaknesses that might be helpful in appraising this applicant for admission

.....  
.....

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

.....  
.....

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

Name: .....

Position: .....

Address: |Street |Town/City |State

|Pincode |Phone |Email

OFFICE SEAL

Signature .....

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: .....

(Seal)