

UNIVERSITY OF JERUSALEM



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Pray for the peace of Jerusalem – Ps. 122: 6

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1. Name:

2. Address:

Taluk:.....District.....

State:Pin Code:

3. Telephone No: Res:Off:.....

Mobile:

E-mail ID :

4. Date of Birth: Male Female

5. a. Academic Educational Qualification:

b. Theological Educational Qualification:

6. Profession:

7. Ministry Experience:

8. Name of Church in which you have membership:.....

.....

9. Position in Church: Member Elder Pastor Other.....

I hereby declare that all the information furnished in this Application Form by me are true to the best of my knowledge.

Date

Place

Signature

Please Note:

- Enclose, without stapling or pasting, a Color Passport Size Photograph of yours taken recently.
- If you need extra space, you can attach separate sheet.
- Please check before mailing, whether you have filled in all columns.