

# CALVARY BIBLE COLLEGE

Springside Road, Lumsophoh, Nongthymmai,  
Shillong -793014, Meghalaya

## A CHRISTIAN ACQUAINTANCE'S RECOMMENDATION FORM

*(This form is to be filled by a Christian acquaintance of at least 5 years)*

Dear friend, this form will be given to you by a person desirous of undertaking B.D./B.Th. studies in our college. Kindly please fill the form. It will help us to have a better understanding of the applicant. Please send your recommendation directly to the Principal, Calvary Bible College, Springside Road, Lumsophoh, Nongthymmai, Shillong - 793014. Thank you.

Applicant's Name (in block letters): \_\_\_\_\_

Present Address of the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Father/Mother of the applicant: \_\_\_\_\_

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

Referee's Name : \_\_\_\_\_

Referee's Address : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_ Mob. No. \_\_\_\_\_

Referee's qualification : \_\_\_\_\_

1. Since how long have you known the applicant?

\_\_\_\_\_

2. What is the nature of your acquaintance or relationship with the applicant?

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

3. What is your assessment of the character of the applicant?

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

4. Is there anything or incident in the life of the applicant which would disqualify him/her for Christian ministry?

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

5. What is your assessment of the academic capacities of the applicant?

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

6. Do you think the applicant is healthy and fit enough to undergo long hours of reading, writing and practical work?

---

7. Is the applicant's family financially sound enough to support him/her during the period of theological studies?

---

8. What are the strengths of the applicant?

---

---

---

9. What are the weaknesses of the applicant?

---

---

---

10. Do the parents approve of the applicant's desire to pursue theological studies?

---

---

11. If you were to give a general assessment grade for the applicant, what would it be? (Tick one of the boxes below)

- |                               |   |   |
|-------------------------------|---|---|
| a) Very Good                  | [ | ] |
| b) Good                       | [ | ] |
| c) Average                    | [ | ] |
| d) Below Average but possible | [ | ] |
| e) Weak                       | [ | ] |

Date \_\_\_\_\_

Signature

# CALVARY BIBLE COLLEGE

Springside Road, Lumsohphoh, Nongthymmai,  
Shillong -793014, Meghalaya

## PASTOR'S RECOMMENDATION FORM

Dear friend, this form will be given to you by a person desirous of undertaking B.D./B.Th. studies in our college. Kindly fill the form. It will help us to have a better understanding of the applicant. Please send your recommendation directly to the Principal, Calvary Bible College, Springside Road, Lumsohphoh, Nongthymmai, Shillong - 793014. Thank you.

1. Name of the applicant (in block letters): \_\_\_\_\_
2. Name of Father /Mother: \_\_\_\_\_  
Occupation: \_\_\_\_\_
3. Present Address of Application \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_ Mob. No. \_\_\_\_\_
4. Status of Applicant's Church Membership:
  - a) Denomination \_\_\_\_\_
  - b) Name of Local Church \_\_\_\_\_
  - c) Has the applicant ever been suspended from Church membership? \_\_\_\_\_  
If Yes, when and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d) Responsibilities held by the applicant in the Church, previous and present.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Future Service:
  - a) Is the applicant sincerely desirous of serving the Church in any full-time ministry after completing his/her theological studies?  
\_\_\_\_\_
  - b) Is the applicant worthy and eligible as per the rules and criteria of the Church to be ordained as a full-time minister?  
\_\_\_\_\_
6. Do the parents approve of the applicant's desire to pursue theological studies?  
\_\_\_\_\_

7. Is the applicant physically and mentally mature enough to undergo theological training? (Tick one of the boxes below).

- |                                  |   |   |
|----------------------------------|---|---|
| a) Very mature                   | [ | ] |
| b) Satisfactorily mature         | [ | ] |
| c) Could be trained to maturity. | [ | ] |
| d) Immature.                     | [ | ] |

8. Does the applicant suffer from any physical deformity, or any chronic sickness or disease which has not been publicized?

---

---

---

9. Give a brief account of the applicant's Christian life.

---

---

---

---

---

---

---

10. Assessment (Tick one of the boxes from either a, b, c or d)

- |   |           |
|---|-----------|
| a) He/she has been very active in the church. Physically and mentally he/she is very mature.                      |           |
| Good  | [       ] |
|   |           |
| b) While he/she has been active in the church and is mentally mature, his/her personality is not very impressive. |           |
| Average   | [       ] |
|   |           |
| c) Though he/she is not physically and mentally mature, he/she could be trained to become mature.                 |           |
| Below Average but could be trained.   | [       ] |
|   |           |
| d) He/she is not fit physically and mentally for theological training.  |           |
| Immature and unfit for theological training.  | [       ] |

Place: \_\_\_\_\_

Signature & Seal

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

Pastor \_\_\_\_\_

Pastorate \_\_\_\_\_