

Reformed & Presbyterian Seminary

Lalitpur, Metropolitan City, Ward-25 Postal Address: GPO 8975, EPC 1923, Nepal Phone: 977-1-5592987 | Fax: 977-1-5592987 Email: rpsnepal@gmail.com Website: www.rpsnepal.com

Admission Form

Photo 2x2

Applicants Personal Information:	L
First Name Last Name	
Date of Birth (Month/Day/Year)/ Citizenship No/Passport Number	
Sex (Tick any one): Male Female	
Permanent Address:	
Village/Town:	
Ward NoState /Province,Country E-	
Mail Address:	
Family Information:	
Father's First Name:Last Name:	
Home Telephone: Mobile No.	
Father's Occupation. Average Annual Income:	
Religion of immediate family:	
General Information:	
Marital status: Married () Single () Divorced () Separated () If	
Married:	

Form 1: Admission Form

Number of Children	Last Nar			
	Гоngue:			
Other languages can you sp	peak, read or write?			•
English proficiency (Circle	e One); Excellent Very	Good C	Good Bad	
Academic Qualifications				
Name of the Degree/Course/Training	Name of the School/College/Institution	Place	Period of Study (Which Year to which Year)	Percentage of mark scored
High School/S.L.C				
Inter mediate/Plus Two				
B.A/B.Ed/B/Com/ B. Th				
MA/ M.Div.				
	of all the academic certificate		attached.	
•	that you and your communities month- for Bachelor of Theolo M. Div per semester.	-		•
	are expected to pay at minimum the for tuition, hostel and food form at RPS.			
If yes, you plan to apply for	r financial aid; please contact	the Dean of	f Administration Principa	al for a
separate scholarship applic	ation. Degree emphasis you	plan to stu	dy, tick the right mark	[√]:
BTh concentration:	in Theology and Pastoral Min	istry []		
BTh concentration:	in Church Music []			

BTh concentration in Christian education []
Master of Divinity []
Master of Arts CE []
Ministry Experience
Ministry Field/Type of ministry
Church/Organization
Duration of Ministry
Goals achieved
What hobbies, special interests or skills do you have?
Church Information;
Name of your Senior Pastor: Last Name:
Name of your Local Church:
Denomination/Affiliation:
Contact Number of your Senior Pastor :Mobile No
Email Address.
Weeld and the decrease level and the decrease and the dec
Would you like to do your weekend practical ministry in your own local Church? Yes () No () (Applicable inside Kathmandu Valley only)
(Applicable insule Kainmanaa Valley only)
Please submit three different recommendations: (A separate recommendation letter in a sealed envelope should be submitted with the application form).
Local Church Pastor
Name Last Name:
Church Naem: Place Place
Phone: Email:

Form 1: Admission Form

Elder/Deacon	/Mentor
Name	Last Name:
Phone:	Email:
Teacher/Minis	stry Leader
Name	Last Name:
Phone:	Email:
Declaration:	
statements men expected of me	, affirm that this form is filled by myself and all the ntioned are true at the best of my knowledge. I have read, and understand clearly what is e. I promise to abide by the rules and regulations set by the Seminary during my course at RPS.
Signature of th	ne applicant
Name	
	he following documents to be submitted for completing application ocess incomplete applications.
1.	Completed Application Form.
2.	Three Recommendation letters from your pastor/elder and friend.
3.	Copy of Baptism certificate/Pastor's Letter stating the date of baptism.
4.	Photocopies of academic certificates and mark sheets.
5.	General Medical Examination Form attested by a recognized medical officer/doctor.
6.	Financial statements and any scholarship forms.
	<u>For office use only</u>
Reviewed by A Application grand Rejected /Rem Admission De	Authorities: [] Registrar [] Chairman [] Academic Dean [] Principal [] Vice-Principal anted: () Yes () No () On Hold earks: Petails: In the content of the student of the
	(Year of studies) for the session
Year of session He / She has to	n). take three years plan of M. Div [] table for two years plan of M. Div []

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