



BETHESDA THEOLOGICAL ACCREDITATION COUNCIL
(Managed By :-Board of Bethesda Christian Trust Association)

OFFICE:-B-152/U.G-1 SAROJ APPARTMENT, MAIN SHALIMAR GARDEN,

SAHIBABAD. DISTT-GHAZIABAD (U.P)-INDIA

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Phone No:- +91- 9313312326, +91- 9971532857,

(AFFILIATION & MEMBERSHIP APPLICATION FORM)

Name of Applicant or Leader of Organization:-.....

Designation of Applicant in Bible College & Seminary: -

Education Qualification:-.....

Name of Church or Denomination of Applicant:-

Name of Seminary or Bible College for Affiliation:-

Address of Seminary or Bible College:-.....

Phone /Contact No-.....Email-.....

Mailing or Office Address of Bible Colleges:-.....

Phone /Contact No:-.....Office Email-.....

Name of Diploma & Degree Courses studying in your Bible College: -

How Many Students in Bible College & Seminary: -

How Many Teaching Staff in your Bible College & Seminary: -

Name of Your Principal or Director of Bible College or Seminary: -

Phone /Contact No of Principal or Director of Your Bible Colleges: -

Email of Principal or Director of the Bible Colleges:-

How much Amount you will Give to the Council as Donation for the Ministry of God: -

What is statement of faith of Organization: -

Please Attach your statement of faith: -

DECLARATION:- I have given all information true and correct according to best of my knowledge . I will be the only simple affiliated Member of Bethesda Theological Accreditation Council .My Theological College or Theological Seminary will be the affiliated Member only in the Bethesda Theological Accreditation Council. I will not claim for any kind of Administrative Post in the Bethesda Theological Accreditation Council. I will not claim for any kind of salary and financial support from the Bethesda Theological Accreditation Council. I will follow the rules and regulation of Affiliation, Accreditation and Membership of Council.

DATE.....

SINGNATURE OF APPLICANT