

IMPORTANT INSTRUCTIONS

The applicant must fill out the application in his/her own handwriting. Illegible or incomplete applications will not be considered. The following documents must be attached to the application.

1. Statement of personal Christian experience
2. Recommendation from the applicant's Pastor on the church's letterhead concerning character, spiritual life and duration of membership in the church of the applicant.
3. Original certificates and attested photocopies of all academic certificates/mark sheets (candidates who are awaiting results of +2/Intermediate/Degree should mention it specifically. In such cases send copies of the other certificates, especially the mark sheets).
4. Please attach a photocopy of the Baptism Certificate.
5. Four passport-size photographs.
6. Completed Medical Form (available in a separate format) by a registered medical practitioner. You are requested to undergo a thorough medical examination and send/keep such reports for verification.
7. Students applying for **M.Div. (Upgrader)** course must get a letter of recommendation from the Principal of the Theological Institution in which he/she studied.
8. Applicants requiring financial aid should apply separately with all supporting documents.

Please Note:

- (1) Kindly give the recommendation forms (available in a separate format), one to a Christian leader and the other to a Christian friend/teacher who knows you well to be filled. Those who recommend should mail these forms directly to the College.
- (2) Kindly send Rs. 1000/- (M.Div), RS. 750/- (B.Th), RS. 500/- (Diploma), and RS 250/- for C.Th towards the cost of processing the application form and entrance exam fee in one of the methods mentioned in "How to remit Fees." For those opting for the online payment method, the evidence of the transaction (e.g., transaction ID) must be emailed to **registrarnlsom@gmail.com**
- (3) Please return the completed application form along with the entire required documents by registered post/speed post (**Do not send by courier**) before **May 31st** for the June entrance exam.

APPLICATIONS RECEIVED WITHOUT NECESSARY DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IN CASE OF SOME UNAVOIDABLE DELAY, PLEASE ATTACH A NOTE GIVING THE REASON FOR THE MISSING DOCUMENT.

(A fee of Rs. 200/- must be paid for late submission)

Registrar

New Life School of Mission, Faith City,

Gottipalli Village & P.O., Anandapuram Mandal, Visakhapatnam - 531219, Andhra Pradesh.

Mobile Number: 9866246292, 9652771308, 8374337501; 8985905240, 70321418883

Website: www.newlifefc.org.in, Email: registrarnlsom@gmail.com

New Life School of Mission (NLSOM)

Faith City, Gottipalli, Anandapuram, Visakhapatnam, Andhra Pradesh, 521319.

Accredited by Asia Theological Association

Contact: Mobile: 9866246292, 9652771308, 8374337501; 8985905240, 70321418883

Affiliated with Christcity Theological Institution (CTI), Canada

Website: www.newlifefc.org.in Email: registrarnlsom@gmail.com

APPLICATION FOR 2026 - 2027 ADMISSION

Please tick the course you are applying for:

Courses Offered
<input type="checkbox"/> Diploma in Theology (Dip.) (2 years)
<input type="checkbox"/> Bachelor of Theology (B.Th.) (3 years) <input type="checkbox"/> <i>Bachelor of Arts (Andhra University)</i>
<input type="checkbox"/> Master of Divinity (M.Div.) (3 years) <input type="checkbox"/> <i>Christian Psychology and Counselling</i> <input type="checkbox"/> <i>Digital Media and Youth Ministry</i>
<input type="checkbox"/> Master of Divinity (M.Div.) Upgrader (2 years) <input type="checkbox"/> <i>Christian Psychology and Counselling</i> <input type="checkbox"/> <i>Digital Media and Youth Ministry</i>

FOR OFFICE USE ONLY

Application Number: _____

Received on: _____

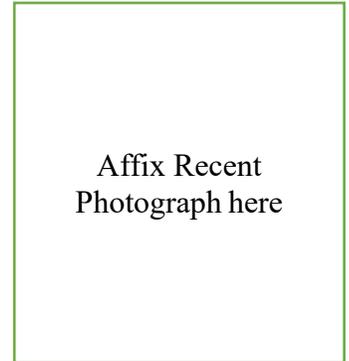
Acknowledgment sent: YES NO

Evaluation: First Second

Application Fees: Paid Not Paid

THE APPLICATION MUST BE FILLED IN CAPITAL LETTERS ONLY

I. PERSONAL DETAILS



First Name: _____

Surname: _____

Date of Birth: _____ Age: _____

Birth Place: _____ Gender: _____

Mother Tongue: _____ Nationality: _____

Mobile No: _____ WhatsApp No: _____

Aadhar Card No: _____

Email: _____

(kindly give your nearest relative/Pastor's E-mail ID in case you do not have one)

Permanent Address:

Present Occupation: _____

II. ACADEMIC QUALIFICATIONS

Course of Study	Subjects	Period of Study From which year to which year	Percentage of Marks Scored
High School			
+2/Intermediate			
B.A./B.Sc./B.Com.			
Others (Specify)			

(Kindly attach the 10th, 12th, and all the photocopies of your Mark sheet, degree, and Certificate with the application form)

Professional Training: _____
 Technical Qualification: _____
 Special Talents/Hobbies: _____
 Computer Knowledge: _____
 Mention the Languages that you know: _____

III. FAMILY STATUS

Father's/Guardian's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____
 Parents/ Guardian Contact (Mobile/WhatsApp): _____
 How many siblings do you have? _____ Brothers: _____ Sisters: _____
 Are they studying or employed? _____
 Marital status of student (*please tick*)

Unmarried	Married	Engaged	Widow	Widower
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If Married, Spouse's Name: _____ Occupation: _____

If you have Children, please list their names and age

Name	Age
.....
.....
.....

IV. Statement of Personal Christian Experience

(After answering the following questions, please use additional sheets to write the detailed explanations. Make sure to mention the respective question number on each sheet. Kindly sign and date all the additional pages.)

1. Have you accepted Jesus Christ as your personal Savior?
2. When did you accept Jesus as your personal Savior? Give the date, if known.
3. Describe in detail your salvation experience: What kind of changes did the Gospel bring into your life? What do you do to maintain your walk with Jesus?
4. Why do you wish to engage in this study program? Have you received a specific call for ministry? If yes, kindly describe your experience, purpose, and goal.
5. State the reason why you chose NLSOM for your study?

Have you ever discontinued any course of study? If 'YES' state the reason and mention the name of the institution.

Have you ever used drugs/liquor/tobacco in any form? State whether Yes/No. If 'YES', give names/s and duration.

Do you have the habit of taking any drugs/liquor/tobacco in any form at present? YES or NO?

If you have stopped taking drugs/liquor/tobacco, explain when and the reason why you have stopped:

Do you have any police cases (Civil/Criminal) pending? State whether YES or NO. If YES, give details.

III. DENOMINATIONAL AFFILIATION

1. What is your church affiliation?
2. Are you baptized? _____ If yes, Date:
3. Name of your Pastor:
4. Name and Address of your local church:
5. What is your present involvement in your church?

6. Have you received any Theological Training? _____

If yes, Diploma/Degree you have completed _____

Name and address of Institution _____

7. Give the name and contact (Mobile/WhatsApp/Email) of the Christian leader and teacher who knows you well:

New Life School of Mission (NLSOM)

Faith City, Visakhapatnam, Andhra Pradesh.

Parents/Sponsor's Fee commitment/Undertaking

1. Name of the Candidate (In Capital Letters): _____
2. Course Applied for: _____
3. Name of the Sponsor/Parent committed to paying the fees: _____

I/we hereby undertake to pay the full fee (Fees required by the college inclusive of tuition, living & annual dues) of the candidate to be enrolled in the above-selected course Rs. _____

(as per the fee structure of the current academic year attached back of the application).

I/we hereby undertake to support the above student for the entire period of _____ year/s of his/her study in New Life School of Mission, Visakhapatnam.

Signature of the

Parent/Sponsor Name:

Position:

Seal:

(In case of organizational sponsor)

Name & Address of the person to whom the fee bill should be sent for payment:

City: _____ District: _____ State: _____

Country: _____ Pin Code: _____

Mobile No. _____ Email _____

Declaration by the Applicant

I, _____ hereby declare that I have read and understood the prospectus of NLSOM. Furthermore, I affirm that all the information I have given above is true to the best of my knowledge.

Date:

Signature of the Applicant

Declaration by Parent/Guardian/Sponsor

I, _____ hereby certify that the information given is true to the best of my knowledge.

Date:

Signature of the Parent/Guardian/Sponsor

New Life School of Mission

*Faith City, Gottipalle Village & P.O. & Anandapuram Mandal,
Visakhapatnam 531 219 Andhra Pradesh*

**Check the List of Required Documents during the submission of your
Application (Kindly tick the attached documents)**

Name:

Name of the course applying:

S/N	Required Documents	Yes	No
1.	10th and 12th Mark sheets and Certificate		
2.	Bachelor or Post graduate degree certificate and mark sheet		
3.	B.Th. Transcript (Only students applying for M.Div. Upgraders)		
4.	Transfer Certificate/Migration Certificate		
5.	Statement of personal Christian experience		
6.	Recommendation letter from church		
7.	Copy of Baptism Certificate		
8.	Medical Form		
9.	Four passport-size photographs		
10.	Financial statement form		
11.	Recommendation letter from Theological institution (only students applying for MDiv Upgraders)		
12.	Application Form		

(Kindly attach this sheet also along with your application form)

Important Information About Fees and Scholarships

(Please tick the appropriate box)

A. Financially capable students must gladly pay the actual cost of their education
Remember, God loves a cheerful giver (2 Corinthians 9:6-7)

I will cheerfully pay the full cost of my education. If checking this box, you can skip the rest of this page.

B. For the sake of financially weak candidates, the college management offers a scholarship of Rs. 45, 000. There are two conditions to obtain this scholarship.

1. Apply stating that you are not capable of paying the actual cost of your education.
2. Agree to work every day in the Faith City Campus.

I would like to avail the scholarship of Rs. 45,000 as I am incapable of paying the full cost of education.

C. If you require additional financial aid on top of the general scholarship

1. Apply for additional financial aid showing convincing evidence of the need with all the supporting documents.
2. Sign a document for 2/3/4 or 5 years depending on the level of additional scholarship received.
3. Fulfil work scholarship requirements.

I require additional financial aid on top of the Rs. 43,000 general scholarships. I will abide by the conditions for obtaining an additional scholarship.

New Life School of Mission

*Faith City, Gottipalle Village & P.O., Anandapuram Mandal,
Visakhapatnam 531 219 Andhra Pradesh*

Personal health Questionnaire & Medical Certificate

(Before you see a doctor to obtain the Medical certificate, kindly read the following question CAREFULLY and answer them by circling either “YES or NO”).

Full name (In Block letters) _____

Program for which you are applying: _____

1. Can you read without glasses?
2. Have you ever had tuberculosis?
3. Have you suffered from chest pain?
4. Have you ever had rheumatic fever?
5. Have you ever coughed up blood?
6. Do you have good hearing?
7. Have you ever been treated/undergoing treatment for (mental) illness?
8. Do you often catch severe fever or cold
9. Do you have joint pains?
10. Do you have a frequent cough?
11. Are you allergic to any medicines?
12. Do you have any skin disease?
13. Do you suffer from severe depression?
14. Is your appetite good?
15. Do you suffer from diabetes?
16. Have you ever had jaundice?
17. Do you frequently have loose motions (diarrhea)?
18. Do you have any heart problems?
19. Have you had fainting attacks?
20. Do you suffer from asthma?
21. Have you ever had fits/convulsions?
22. Have you ever had any surgery?
23. Do you consider yourself healthy enough to undergo Theological Training in a place where you will have to be exposed to different climatic conditions?

Medical Certificate

(To be filled by a registered medical practitioner)

Name of the applicant: _____

Age: _____ Height: _____ Weight: _____ Blood Group: _____

How is the candidate's eyesight? _____

Glasses recommended: _____

How is the candidate's hearing? _____

What is the condition of the candidate's teeth? _____

Does the candidate have any contagious skin disease? _____

Is there any sign of heart disease? _____

How is the general physical condition? _____

Are there signs of tuberculosis? _____

Is there any evidence of venereal disease? _____

Does the candidate suffer from epilepsy or fits? _____

Does the candidate suffer from malaria? _____

Does the candidate have any contagious disease? _____

Has the candidate suffered from any chronic illness? _____

If yes, specify: _____

Is the candidate suffering from hypertension or has any family history of diabetes or asthma?

Is the candidate suffering or showing any symptoms of jaundice, allergy, or intolerance to drugs?

Has the candidate been immunized against the following?

Typhoid: Date:

Tetanus: Date:

Cholera: Date:

Having personally given a thorough examination to Mr./Mrs./Miss _____ hereby certify that to the best of my knowledge, he or she is free from all contagious and infectious diseases and is fit for the study program.

Other remarks if any: _____

Doctor's Name: _____

Doctor's Signature with Seal

Date: _____

Recommendation Form 1

Confidential

(As the New Life school of Mission is training young men for full-time Christian Ministry, it needs utmost care in selecting the candidates. Your help in this regard is greatly appreciated. Please give adequate information about the strengths and weaknesses of the applicant, which will help us in decision-making. All information given will be treated as confidential. Please send the form directly to the office of the Registrar at the earliest so that it may reach before 15th May).

Name of the Applicant: _____

Program for which the candidate is applying? _____

Address: _____

How long have you known the applicant? _____

In what capacity have you known him/her? (State relationship e.g. Pastor, Friend, Teacher, Employer etc.) _____

Has the applicant accepted Christ as his/her personal Savior? _____

What do you know about the applicant's Christian experience and personal Commitment to Christ?

What is the applicant's involvement in his/her local church and Christian work?

Do you think he/she has a real call and aptitude for full time ministry? _____

What are his/her gifts that might be useful for Christian service? _____

Does the applicant have any weaknesses? If so, kindly state _____

Kindly give your opinion about his/her character (e.g. general maturity, relationship with others, reliability honesty moral standards, etc)

Is the candidate health enough for the strenuous work schedule followed in the New Life School of Mission?

What is the financial condition of the applicant's Parents / Guardians?

Are they able to support the applicant's studies? _____

How much can they give every month? _____

If they are not able to support, are there any other sources the candidate might have to raise the support?

_____ if yes, please give details _____

Please tick one of the following:

- I recommend the candidate highly
- I recommend the candidate highly
- I recommend the candidate with hesitation
- I do not recommend the candidate

Place: _____

Date : _____

Signature : _____

Name: _____

Designation: _____

Address: _____

Telephone no: _____

Email: _____

Recommendation Form 2

Confidential

(As the New Life school of Mission is training young men for full-time Christian Ministry, it needs utmost care in selecting the candidates. Your help in this regard is greatly appreciated. Please give adequate information about the strengths and weaknesses of the applicant, which will help us in decision-making. All information given will be treated as confidential. Please send the form directly to the office of the Registrar at the earliest so that it may reach before 15th May).

Name of the Applicant: _____

Program for which the candidate is applying? _____

Address: _____

How long have you known the applicant? _____

In what capacity have you known him/her? (State relationship e.g. Pastor, Friend, Teacher, Employer etc.) _____

Has the applicant accepted Christ as his/her personal Savior? _____

What do you know about the applicant's Christian experience and personal Commitment to Christ?

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Do you think he/she has a real call and aptitude for full time ministry? _____

What are his/her gifts that might be useful for Christian service? _____

Does the applicant have any weaknesses? If so, kindly state _____

Kindly give your opinion about his/her character (e.g. general maturity, relationship with others, reliability honesty moral standards, etc)

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How much can they give every month? _____

If they are not able to support, are there any other sources the candidate might have to raise the support?

_____ if yes, please give details _____

Please tick one of the following:

- I recommend the candidate highly
- I recommend the candidate highly
- I recommend the candidate with hesitation
- I do not recommend the candidate

Place: _____

Date : _____

Signature : _____

Name: _____

Designation: _____

Address: _____

Telephone no: _____

Email: _____

FEES STRUCTURE FOR 2026-27 ACADEMIC YEAR

NEW LIFE SCHOOL OF MISSION, FAITHCITY, VISAKHAPATNAM

No.	Fees Particulars	MDiv-I	MDiv-II	MDiv-III	B.A./BTh-I	B.A./BTh-II	B.A./BTh-III	Diploma-I	Diploma-II	CTh
1	Application Fees	1000	0	0	750	0	0	500	0	250
2	Tuition Fees	31000	32000	34000	29000	30050	31250	25000	26000	16800
3	Lodging & Boarding	45000	45000	45000	45000	45000	45000	45000	45000	45000
4	Registration Fees	3500	2000	2000	3000	2000	2000	3000	2000	2000
5	Maintenance Fees	3000	3000	3000	3000	3000	3000	3000	3000	3000
6	Library Fees	1500	1500	1500	1500	1500	1500	1300	1300	1000
7	Graduation Fees	0	0	3000	0	0	2500	0	1500	1000
8	Transcript Fees	0	0	1200	0	0	1100	0	900	800
9	Accreditation Fees	1500	1500	1500	1000	1000	1000	500	500	0

New Life School of Mission (NLSOM) is the vision of God. Since 1999 NLSOM has provided scholarship to deserving students.

All those who want general scholarship have to apply earlier to college to prove your financial status.

Twenty-five percentage extra scholarship in Tuition fees for selected North Indian Students.

Account Details:

How to Remit Fees

You may remit the fee annually, at the beginning of each academic year, or in instalments. before the beginning of each Semester i.e., June/July & October/November.

1. For online payments, please take note of the following information:

New Life Educational Institutions and Welfare

Association Account no. 35074783371

State Bank of India, Vemulavalasa Branch,

Visakhapatnam.

IFSC Code – SBIN0011113

After making the online payment, please bring the evidence of the transaction to the NLSOM Registrar's office and obtain an official receipt for the same.

2. Payable at Registrar's office in New School of Mission, Faith City, Gottipalli Village & P.O., Anandapuram Mandal, Visakhapatnam 531219, Andhra Pradesh.