



**ASIAN CHRISTIAN COLLEGE OF THEOLOGY**  
*Kadammanitta P.O., Nedumcherry, Pathanamthitta Dist., Kerala – 689649*  
Ph. 0468- 232297; Email: accot @ acaindia.org; Website: [www.info.accot-india.org](http://www.info.accot-india.org)

Affix a  
passport size  
photograph of the  
applicant

**FORM KYA (KNOW YOUR APPLICANT)**  
(Course Applied : Bachelor of Theology )

**Qualification for B.Th. degree:** 1) 12<sup>th</sup> Pass or Equivalent 2) 10<sup>th</sup> Pass with any two year Theological / Non-Theological course, or 3) 10<sup>th</sup> Pass and above 30 years old (they must write qualifying exam at ACCOT).

1.	Name of the Applicant (capital letters)	
2.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.	Age and Date of Birth	
4.	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
5.	In which church do you have membership?	
6.	Permanent Address	
7.	Mobile Number & Email id	
8.	Aadhar Number	
9.	Are you a born again Christian?	
10.	Are you baptised ?	<input type="checkbox"/> Immersion <input type="checkbox"/> Sprinkling <input type="checkbox"/> Not baptised Date: _____
11.	What are your Educational qualifications?	<input type="checkbox"/> 10 <sup>th</sup> pass <input type="checkbox"/> 12 <sup>th</sup> pass <input type="checkbox"/> Bachelor Degree pass.Specify: _____
12.	Do you possess listed documents? Tick them.	<input type="checkbox"/> Aadhar card <input type="checkbox"/> Voter Id <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Nativity/Domicile Certificate
13.	Do you have any health issues? Please specify	
14.	What is the purpose of studying at ACCOT?	
15.	How did you come to know about ACCOT?	<input type="checkbox"/> Pastor <input type="checkbox"/> Friend <input type="checkbox"/> Social Network/Advertisement <input type="checkbox"/> Alumni of ACCOT <input type="checkbox"/> Other:
16.	Are you able to pay the full fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I \_\_\_\_\_ hereby declare that the particulars given above are true and complete to the best of my knowledge.

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

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

\_\_\_\_\_  
(Signature of the Applicant)