

DR. HAQQ'S 59th ALL INDIA INSTITUTE ON EVANGELISM

“YOUNG PROFESSIONALS AND STUDENTS”

Kodaikanal, Tamil Naidu – February 13 -18, 2020

All Completed Application Forms are due by November 30th, 2019
(Please type or print clearly. You must answer all questions)

1. Personal Information

NAME. (CAPITAL LETTERS):

AGE..... SEX..... MARRIED/SINGLE YOUR PROFESSION

Name Of Church Where You Are A Member:

2. COMPLETE POSTAL ADDRESS: with House Number/Mailing address where you reside. Pin Code must be given

HOUSE # / STREET:

CITY: **STATE:** **PIN CODE:**

PHONE# WITH CODE: **CELL #:**

Any other Phone # where you can be contacted: **EMAIL ID**

3. EDUCATION & TRAINING WITH MEDIUM OF INSTRUCTION: English or other language for each degree.

List all degrees you have earned and indicate the date earned, the educational institution from which you earned them.

DEGREE YEAR EARNED Name Of College/University/ Institution/ Location Medium English/Other?

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List Any Other Training / Educational Qualifications.....

4. LANGUAGES: What is your mother tongue?

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Other languages spoken and understood?

5. HAVE YOU ATTENDED ANY OF DR. HAQQ’S INSTITUTES? No /Yes If Yes, In What Year?

6. TRAVEL COSTS: It is your responsibility to make all arrangements for your travel and furnish **(Xerox copies)** for the cost of the travel from your home to the venue. The Institute assumes no responsibility for your travel or safety in going to and from the Institute, or during the Institute. **You must give us correct phone/address for contact regarding acceptance.**

What is the exact cost of **II Class train or bus fare both ways**? Rs.....

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7. SPECIAL CONCESSION ONLY FOR STUDENTS WITH EVIDENCE OF FULL TIME ENROLLMENT FROM COLLEGE/ UNIVERSITY. (STUDY CERTIFICATE/MARKS LIST.) THESE MUST BE SENT WITH APPLICATION TO BE ELIGIBLE)

- 1.) Indicate place of college/university?
- 2.) Course you are studying now?.....3.) What year you are studying now?.....

8. **REFERENCES:** List two people who know your spiritual walk and your desire to be equipped to share the gospel.

First Reference

Name Mail Address
Phone # Cell #..... Email.....

Second Reference

Name Mail Address
Phone # Cell#..... Email.....

9. **HOW DID YOU HEAR ABOUT THIS INSTITUTE?** TICK ALL THAT APPLY TO YOU.

- From a person who attended the Institute before.
- From an advertisement in a magazine. Name of Magazine.....
- From my church:
- Other - please explain:

10. **WRITE A BRIEF TESTIMONY** of what the death and resurrection of Jesus Christ means to you personally and how you came to know Christ as Lord and Savior.

Please add a separate sheet to write your complete testimony if needed.

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11. **TICK THE BOXES BELOW AFTER READING THEM, AND THEN SIGN BELOW.**

- THE TESTIMONY AND APPLICATION WERE COMPLETED BY ME **AND WRITTEN WITHOUT HELP FROM OTHERS.**
- I UNDERSTAND SPOKEN ENGLISH VERY WELL AND** WILL BE ABLE TO FOLLOW LECTURES GIVEN IN ENGLISH AT THE INSTITUTE.
- I understand that if accepted I must be present for the duration of the Institute, **I WILL NOT ASK TO LEAVE EARLY.**
- I understand that, **IF ACCEPTED, I MUST PAY A RS. 300/- REGISTRATION** FEE to hold my reservation in the Institute.

Signature:

Date.....

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