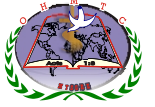


#22, 3<sup>rd</sup> Main,  
Medar Block,  
New Bamboo Bazaar,  
Mysore - 570021

## OPERATION HARVEST MINISTERIAL TRAINING CENTRE

*Raising Harvesters*



Dear Applicant,

We are pleased to know of your desire to study at Operation Harvest Ministerial Training Centre. Our vision is to see God glorified through the transforming ministry of anointed and equipped servant-leaders. We are committed to help you as you consider applying to OHMTC.

Please read the entire prospectus carefully and follow all the instructions while filling the application. Please return the completed application form to the admissions office with all the following documents attached before the due date.

- Copies of all your academic certificates including all your mark sheets. Without these your application will not be processed. Do not attach any original certificates. These are to be produced at the time of registration for verification.
- If you have studied in any theological seminary or Bible College, request them to send your transcript directly to the Director of Admissions, Operation Harvest Ministerial Training Centre. Your application will be incomplete if we do not receive your transcript.
- The Medical Certificate of Physical Fitness in the prescribed form along with copies of medical records. Please note: Non-disclosure of history of past illnesses and medications shall be considered as a breach of trust and will lead to cancellation of admission.
- A detailed Personal Testimony in your own words. This must not exceed two pages (500 words) and should include the following aspects conversion experience, call to ministry, previous ministry experience, encouragement you have received from family members and friends for ministry and how you feel OHMTC would help fulfill your call.
- Two recent passport size photographs, one pasted to the application form, and the other clipped to the form.
- The Reference Forms, duly filled and signed by the persons you mentioned in your application, sealed in the envelopes provided for the purpose. These must not be from parents, family members or other close relatives.
- The Finance Sponsorship & Scholarship Form duly filled and signed with the official seal of the sponsoring individual or organization. If you are being supported by your parents, please have them sign the form. Please enclose a detailed description of your financial plan for your studies at OHMTC.
- A non-refundable application processing fee of Rs. 200/- is to be made to the office.

Fully completed application forms will be processed and reviewed by the Admissions Committee. Eligibility for admission is determined through careful evaluation of all the application materials. Incomplete applications or applications without supportive documents will not be processed for admission.

Please be assured that we will do our best to assist you in the whole process. If you have any questions, please feel free to contact us by email at [ohmtcmysore@gmail.com](mailto:ohmtcmysore@gmail.com) or by phone at +91 9482987075/ +91 9844227984.

We wish you God's guidance as you seek His will for your life.



# OPERATION HARVEST MINISTERIAL TRAINING CENTRE

For office use only

Date received \_\_\_\_\_

ID#

Application fee paid \_\_\_\_\_

Admission Status \_\_\_\_\_

Remarks \_\_\_\_\_

Scholarship \_\_\_\_\_

## Application for Admission

Please mark ✓ the programme for which admission is sought:

- Bachelor of Theology
- Diploma in Theology
- Certificate in Theology

Attach a  
Recent  
Passport  
Photograph

### A. Personal Information: (In Block letters)

Name

--	--	--	--

First Name

Middle Name

Last Name

Date of Birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Gender: Male

Female

Address for communication:

City			
State			
Email			
Phone			
Mobile			

Permanent address: If different from the above:

City			
State			
Email			
Phone			
Mobile			



# OPERATION HARVEST MINISTERIAL TRAINING CENTRE

## B. Family Information:

Check one:  Single  Married  Widowed/Separated/Divorced

If married, Maiden name \_\_\_\_\_ Spouse name: \_\_\_\_\_

Occupation of the spouse: \_\_\_\_\_

Children (if any) Name and ages: \_\_\_\_\_

Father/Guardian

Mother

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_ Country \_\_\_\_\_

PIN \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Brothers and sisters:

Name	Age	Occupation	Has attended OHMTC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Nationality: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Language that you Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

## B. Mandatory Disclosures:

Are you undergoing treatment or under medication for any illness?  Yes  No

If yes, specify: \_\_\_\_\_

Are you now or have you ever been treated for substance abuse/addiction?

If yes, please explain on a separate sheet of paper.  Yes  No

Have you ever been under mental or emotional healthcare?  Yes  No If yes, please explain on separate sheet of paper what has been the resolution of the care and what on-going care is in process.



# OPERATION HARVEST MINISTERIAL TRAINING CENTRE

## D. Academic Information:

List high school, colleges and universities in the order in which you attended. It is the applicant's responsibility to have all transcripts sent to the Admissions Office at OHMTC.

Programme	Name and Place of the College/Institution	Medium of Instruction	Year of completion	Class/Division and aggregate %

## E. Enrolment Information:

Are you currently enrolled in any other institution?  Yes  No

Have you ever been denied admission to/ been dismissed from / been on disciplinary probation at any college /institution / seminary?  Yes  No If yes, please explain in detail in a separate sheet of paper.

## F. Christian Experience and Church Affiliation:

Have you received Jesus Christ as Lord and Saviour?  Yes  No If yes, when? \_\_\_\_\_

Have you received believers' baptism?  Yes  No If yes, when? \_\_\_\_\_

Have you received the baptism in the Holy Spirit (Acts 2:4)?  Yes  No If yes, when? \_\_\_\_\_

Which church do you presently attend or serve?

Name of the Church and City: \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of the Pastor: \_\_\_\_\_ Are you member of this Church?  Yes  No

What is your denominational affiliation? \_\_\_\_\_

## H. References:

Please indicate the names and addresses of a Christian Leader and an academic reference person who will provide references on your behalf.

**Pastor's Recommendation** Name of the Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



## OPERATION HARVEST MINISTERIAL TRAINING CENTRE

### Declaration

I solemnly declare that all the above information is accurate and true to the best of my knowledge. I understand that any false and misleading information given above may lead to disqualification for admission or summary dismissal and that acceptance to OHMTC is subject to review and verification of all final records from all institutions I have attended.

If admitted,

I shall attempt to maintain high academic standards.

I agree to abide by the Community Life Standards, observe all policies and regulations of OHMTC and maintain a high standard of Christian conduct both on and off campus. I shall endeavour to balance my spiritual, personal, family, and social life with my academic life in order to faithfully fulfil my responsibilities in all areas of my life.

I shall accept and abide by the decisions of the administration of OHMTC, and understand that I may undergo discipline, including the possible termination of my study at OHMTC, if my behaviour, character or doctrine is contrary to the spirit and emphasis of OHMTC.

### Checklist:

Kindly check if you have all the necessary documents included with your application

- Application Form duly filled
- Copies of all Academic Certificates / Transcript
- Application Processing Fee of Rs. 200.00
- A detailed personal testimony (This should include your conversion, call for ministry, previous ministry experience, encouragement you have received from family members and friends for ministry and how you feel OHMTC would help to fulfil your call.)
- Pastor's Recommendation form filled and signed by the pastor of the church you are currently attending.

**Please return the application along with all the above enclosures to:**

### OHMTC

Admissions Office

#22, 3<sup>rd</sup> Main, Medar Block, New Bamboo Bazaar, Mysore - 570021

Ph: +91 9482987075 Email: ohmtcmysore@gmail.com



# OPERATION HARVEST MINISTERIAL TRAINING CENTRE

## Pastor's Recommendation

### To the applicant

Please complete the following information and forward this form to your Pastor for completion. This form should be completed by the leader and sealed in the envelope provided and sent along with the application form.

Name of Applicant \_\_\_\_\_

Program Applied to \_\_\_\_\_

### To the Referee

The person named above is applying for admission to OHMTC.

Admission eligibility is dependent upon a careful evaluation of your recommendation. We highly value your honest and accurate remarks and estimations. All information given will be treated as strictly confidential. Please complete this form and return it to the applicant, sealed in the envelope provided. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_

2. Is the applicant related to you?  Yes  No. If yes, in what relationship?

3. Does the applicant have any health problems?  Yes  No. If yes, please explain briefly.

4. To what extent is the applicant engaged in Christian Ministry activities?

(Please mark with ✓ along the scale below.)

Enthusiastic	Co-operative	Seldom participates	Attends irregularly
--------------	--------------	---------------------	---------------------

5. What is the applicant's spiritual influence on his/her peers?

(Please mark with ✓ in the appropriate column)

Evangelistic	Positive	Neutral	Negative
--------------	----------	---------	----------

6. How would you rate the applicant in the following areas: (Please mark with ✓ in the appropriate column)

	Excellent	Above Average	Average	Below Average	Not observed
Christian Commitment					
Spiritual Maturity					
Christian Character/Testimony					
Attitude to authority					
Sense of Responsibility					
Willingness to learn					
Ability to work with others					
Leadership ability					
Relationship with the family					



# OPERATION HARVEST MINISTERIAL TRAINING CENTRE

7. How would you rate the applicant's financial ability to support himself/herself at OHMTC?

Able to support himself/herself	Would need some help	Unable to pay	In real need of help
---------------------------------	----------------------	---------------	----------------------

8. Please comment on any positive or negative characteristics you may have observed in the life of the applicant. (personal, social, family, etc.)

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9. In your opinion, what areas of the applicant's life would need special attention here at OHMTC?

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10. Would you like us to call you to discuss this student?  Yes  No

11. Recommendation:

I strongly recommend  I recommend with reservation  I do not recommend

---

Please print the information below about yourself:

---

Name \_\_\_\_\_

Name of the church \_\_\_\_\_ Denomination \_\_\_\_\_

Position \_\_\_\_\_

Address: 

Street	Town/City	State
--------	-----------	-------

Pincode	Phone	Email
---------	-------	-------

Signature \_\_\_\_\_

Date \_\_\_\_\_



# OPERATION HARVEST MINISTERIAL TRAINING CENTRE

## Medical Certificate of Physical Fitness

Name \_\_\_\_\_

Age \_\_\_\_\_

### HISTORY OF ANY PREVIOUS ILLNESS / MEDICATION

Jaundice \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Congenital troubles \_\_\_\_\_

Rheumatic heart \_\_\_\_\_

Epilepsy \_\_\_\_\_

Respiratory problems \_\_\_\_\_

Any other (Please specify) \_\_\_\_\_

### GENERAL PHYSICAL EXAMINATION

ENT Examination \_\_\_\_\_

Eye \_\_\_\_\_

Cardio-vascular system \_\_\_\_\_

Respiratory system \_\_\_\_\_

Abdominal examination \_\_\_\_\_

Central nervous system \_\_\_\_\_

### LABORATORY EXAMINATION

BLOOD - Hb, TC, PC, ESR

VDRL \_\_\_\_\_ RBS \_\_\_\_\_ Group \_\_\_\_\_

Hbs Ag \_\_\_\_\_

STOOL - Occult blood \_\_\_\_\_

Ova/Cyst \_\_\_\_\_

URINE - Micro \_\_\_\_\_

### SUMMARY OF ABOVE EXAMINATIONS AND FITNESS REPORT

I do hereby certify that, to the best of my knowledge the above candidate is physically fit to an intensive programme of study.

Date \_\_\_\_\_

\_\_\_\_\_  
(Doctor's signature and Reg.No.)

Address \_\_\_\_\_  
\_\_\_\_\_