

(A. PERSONAL INFORMATION)



WESTERN SÜMI

BAPTIST AKUKUHOU KÜQHAKULU

NEW APPLICATION FORM 2024

1. Form No : NAF /2024 Payment Mode: Cash/Online recent color passport size only

2. Submitted on : (3.5x 4.5)

3. Name : (4. Place of Work: (5. Appointed As : (5. A

EXECUTIVE SECRETARY

Please Affix

Name (as per documents):			
Name (as per documents):			
Church (Membership):			
Date of Birth: DD / MM / YEAR	Age:		Sex: Male / Female
Nationality:		Marital Status:	Married / Unmarried
Permanent Address:			
Phone No.:			
Father's Name:			
Occupation:			
Mother's Name:			
Occupation:		Phone No.:	
Parents Address:			
<u></u>	••••••		
(If Married submit self-attested Marriage	Certific	ate)	
Name of Spouse:			
Occupation:			
No. of Children:			

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Name	e of the Church:
Posta	I address of the Church:
Name	e of the Pastor:
Phone	e No.:

C. ACADEMIC RECORDS

SN	Examination Passed	Name of School/ College/ University	Year of Completion	Grade/ Percentage		
	SECULAR STUDIES					
1	10					
2	10+2					
3	Bachelor Degree					
4	Post Graduate Degree					
5	Doctorate Degree					
6	Other (Specify)					
		THEOLOGICAL STU	DIES			
1	BD / M.Div					
2	M.Th					
3	D.Th / Ph.D					
4	Others (Specify)					

THESIS/RESEARCH WORKS:

Course:	
Title:	
Course:	
Title:	

D. WORK EXPERIENCE	Duration of Service (Specify Date &	. Submit your work experience resume as mentioned in the requirement checklist) & Year) From To			
<u>o</u>					
	I	hereby solemnly declare that all the complete and correct to the best of my knowledge and belief.			
E. UNDERTAKING	Date	Signature of the Applicant			
	I (Father/Mother/Guardian) of Mr/Ms/Mrs/Rev./Dr./Er. declares that my (Son/Daughter) is above 25 years of age and is responsible for (his/her) own				
	actions. Date	Signature of the Parents/Guardian			
	I have read the Application Form of Mr/Ms/Mrs/Rev./Dr. for appointment under WSBAK and found to be all accurate to the best of my knowledge and belief.				
	I (do recommend/do not recommend) the applicant for (his/her) ministry under WSBAK.				
		Signature:			
	Church	Name:			
	Seal & Date	Designation:			
		Church:			

Proposed Work: Select TWG): V	Vrite 1	(Priority) and 2 (Secondary) re	spe	ectively
a. Pastoral Ministry	()	e. Music Ministry	()
b. Women Ministry	()	f. Outreach Ministry	()
c. Youth Ministry	()	g. Teaching Ministry	()
d. Children Ministry	()			
Give reason for your inter	est?				

(REQUIREMENT CHECKLIST)

(Tick appropriately)

1.	Original Copy of Applicant's Application Letter (Addressed to E.S)	Submitted/ Not Submitted
2.	Original Copy of Pastor's Recommendation (Attested by Pastor)	Submitted/ Not Submitted
3.	Original Copy of Permanent Residential Certificate (by Village Chief/Chairman)	Submitted/ Not Submitted
4.	Voters ID (Attested by Village Chief)	Submitted/ Not Submitted
5.	Original Copy of Medical Fitness Certificate & Blood Group	Submitted/ Not Submitted
6.	Photocopy of Baptism Certificate (self attested)	Submitted/ Not Submitted
7.	Photocopy of Birth Certificate (self-attested)	Submitted/ Not Submitted
8.	NOC or Character Certificate (From Previous Institute or Employer)	Submitted/ Not Submitted
9.	Work Experience Resume (self attested)	Submitted/ Not Submitted
10	Personal Testimony (Hand written) (self-attested)	Submitted/ Not Submitted
11	. Academic Records (Admit Card, Mark sheet & Certificate)	Submitted/ Not Submitted
12	. Photocopy of ES Recommendation Letter given during study	Submitted/ Not Submitted
13	. Sümi Baptist Theological Association (SBTA) Membership Certificate	Submitted/ Not Submitted
14	Photocopy of Certificate on Centre for Creative Leadership	Submitted/ Not Submitted

Note:

- 1. A fee of ₹ 200/- only (non-refundable) will be charged for processing the Application.
- 2. Completed Application must be submitted to WSBAK Office on or before September 14, 2024. Incomplete Form will be summarily rejected.
- 3. Kindly submit all the documents as mentioned in the requirement checklist.
- 4. Kindly furnish valid contacts to receive further notification or check www.wsbak.org for any info.

ADDRESS OF COMMUNICATION

WESTERN SÜMI BAPTIST AKUKUHOU KÜQHAKULU

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