

**LEONARD THEOLOGICAL COLLEGE**  
**Admission Form - I**



Course Of Study: BD/G.Th  Women's School   
Church Workers'  Religious Education   
Research  Others

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

Date Of Birth: \_\_\_\_\_

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

Parents' Name: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Mobile Number(s): \_\_\_\_\_