

Lahore College of Theology

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St. Thomas Center
Near Woodland
Wildlife park
Off Raiwind Road,
Lahore, Pakistan.
P.O.Box 53700

Jesus Said: Come and Follow Me(Mark 1:17)

Admission Form

Applicant's Name :(BLOCK LETTERS) _____
Gender: Male Female
Date of Birth: _____ Place of Birth: _____
Citizenship: _____ C.N.I.C: _____
Education: _____

Applicant's
Photograph

Qualification	Marks	Grade	Year	Board /University

Marital Status:

Bachelor	Spinster	Married	Widower	Widow

Name of Spouse: _____

Name of Children: _____

Current Address: _____

Permanent Address: _____

Cell no: _____ Landline no: _____

E.MAIL: _____

Applicant's Parents:

Father's Name: _____ Mother's Name: _____

Current Address: _____

Permanent Address: _____

Cell no: _____ Landline no: _____

Denomination: _____ Status in Church: Layperson Clergy

Name of Pastor: _____ Phone no: _____

Have you been Baptized and Confirmed? Yes No

Who will sponsor you during your studies in LCT? _____

Phone no: _____

Are you involved in any litigation? Yes No

Do you have any health problems of which LCT should be aware? Yes No

If "Yes" to either of the above questions, please explain on a separate sheet.

Why did you choose LCT? _____

Will you abide by the rules and regulations of LCT? _____

Write briefly about your calling. _____

Do you need L.C.T hostel Facility? Yes No

If "Yes", please write an Application on the separate paper to the Chairman L.C.T through the Director Hostel L.C.T and attached with the Admission form.

Please note: The Lahore college of Theology (L.C.T) management has every right to expel you due to any of the following: Misconduct, Misbehavior, Non- Cooperation, Misuse of premises, Misuse of sources, or Failure of examination. I am responsible for all the above mentioned Information

Checklist:

1. Copies of Your Credentials.
2. Copy of your C.N.I.C.
3. Recommendation letter from your Church.
4. Passport size 3 Photographs and 1 photograph of 1x1.
5. Sponsor's Letter or if you apply for Scholarship, please write an application to the Chairman L.C.T.

Applicant's Signature

Date:

For Office Use only

Roll no: _____

Session: _____

Comments: _____

Interview Committee's Signature

Rt. Rev. Dr. Azad Marshall
Chairman LCT
(Bishop of Iran and Arabian Gulf)