



# CHRISTIAN ACADEMY FOR LEADERSHIP STUDIES

Application form for Membership Affiliation / Accreditation

- Name of the Institution / College : .....
- Address of the College Location : .....

.....  
 .....

Pin code : ..... State : .....

- Name of the President / Director : .....
- Name of the Principal : .....
- Name of the Trust / Society which runs the college : .....
- Is the above trust / Society Registered : Yes / No
- Address of the above Registered trust / Society / Organization :  
 .....

Phone :

Email :

- Trust / Society / Organization's Registered Number and Year : .....
- Trust / Society / Organization Registered State (in India) : .....
- Your Bible College started (in the year, AD) : .....
- Total Number of students graduated till this year : .....
- Number of Faculty / Professors / Teachers in your college now : .....  
 Faculty with Master Degree : ..... Faculty with Doctor Degree.....  
 Full Time Faculty (No's): ..... Part Time Faculty (No's): .....
- Is your college started new in this year : Yes / No
- If it's a new college in which Date : .....
- The Courses / Programmes / Degrees / you offer presently in your college

Thick (✓) the appropriate

C.Th	Dip.Th	B.Th level	Master level	M.Th level	Doctor level
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- Number of students in each course in this academic year

Course	Male	Female	Trans Gender	Total
C.Th				
Dip.Th.				
B.Th. level				
B.D.				
Master Level				
M.Th Level				
Doctoral Level				
<b>Total</b>				

- Number of Students to be graduated in this year :  
 .....

- The courses require accreditation presently (Valid for three years)  
 C.Th .....; ..... Master Level .....  
 Dip.Th. .... M.Th Level .....  
 B.Th. Level ..... Doctoral Level .....  
 B.D. ....

Note: Please Tick (✓) the level for which you require accreditation

19. Do you have; your own syllabus for the courses above : Yes / No  
 20. If no; whose syllabus you follow in your College : .....  
 21. Do you give printed / Xerox notes or Printed books to students : Yes / No  
 22. Is there any criminal suit or civil suit pending in the court against the college : Yes / No  
 23. If yes; nature of the crime :  
 (or) Nature the civil suit :  
 24. The reason you seek affiliation: (Briefly mention in a few sentences)

25. Do you have affiliation / accreditation with any other university? : Yes / No  
 26. If yes, Name the university, you have affiliated with : .....  
 27. Would you like to sign a Memorandum of understanding with CALS? : Yes / No  
 28. Have you paid fee for affiliation / accreditation with CALS? : Yes / No  
 29. Fee paid details : cheque No / DD No..... Date:.....  
 Bank ..... Branch  
 .....  
 30. Have your facility got FEET training in CALS? : Yes / No

**Declaration**

The filled in information given above are true to the best of my knowledge and I will abide by the rules and regulations of CALS.

Date :  
 Place :

Signature :  
 Signature of by President / Principal  
 Office seal

For Office Use only (CALS)

1. Application is rejected / under process
2. Application is accepted for MOU

Administrator  
 Date :

Director  
 CALS