



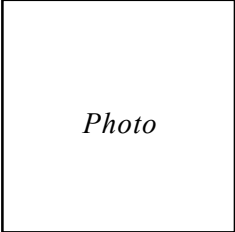
Hope in Jesus

INSTITUTE OF POWER EVANGELISM

Keston Road, Kowdiar P.O, Trivandrum - 695 003

(This programme is for those who have accepted Lord Jesus as their personal saviour and who desire to share the gospel by the anointing of the Holy Spirit)

APPLICATION FORM



Number

1. Name :
2. Male/Female :
3. Address :
 - (a) House Name/ Number :
 - (b) Post Office :
 - (c) Pin Code :
 - (d) Place, District :
 - (e) State :
4. Phone Number :
5. Guardian's Name :
6. Relationship with local guardian :
7. Date of Birth, Age :
8. Qualification
9. Languages Known

	To Read	To Write	To Speak	To Preach	To Pray
1
2
3
4
5
10. Occupation :
(Govt. employee, Business, Housewife, Labourer -- specify)

11. Official Address :

12. Phone Number :

13. Monthly Income :

14. Are you a Christian by birth ?

15. Basic Church Membership :

16. Have you accepted Lord Jesus Christ as your Personal Saviour :

17. Date of acceptance :

18. Church/Fellowship you attend for worship and spiritual growth :
 - (i) In which category does your church belong to ? :

 - (ii) Name of the pastor of your church :

19. Testimony :
(If the given space is not enough attach another paper)
 - (a) Your religious background :

 - (b) Experience of being born again :

 - (c) Have you received the Holy Spirit? experience of receiving Holy Spirit :

 - (d) Miracles/Blessings that you have received :

 - (e) Prophecy, Vision, which you have received/any other important information :

20. Do you have experience preaching in meetings/fellowship ? :

21. Have you given testimony? :
22. Information about family :
 - (a) Married/Unmarried
 - (b) Name of Spouse :
 - (c) Have your spouse accepted Lord :
Jesus Christ as their Personal Saviour
 - (d) Have your spouse applied :
for this course ?
 - (e) Have anyone in your family accepted :
Lord Jesus Christ as their Personal Saviour
 - (f) Name of children, Age, :
Class/Occupation
23. Are you doing gospel work? If yes, :
in what kind of ministry?
(Are you doing it by yourself, full time/half time)
24. Do you have any relation with the :
Hope in Jesus Ministry? If yes, in what way ?
25. Do your family have any objection for :
yourself participating this programme?
26. Are you working in any other ministry ?
 - (i) If yes, which ministry ?
 - (ii) How long ?
 - (iii) Name and address of the person :
who lead the ministry
27. Reason for joining this course :
28. Have you attended similar course like this before ?
If yes, which course and how long
29. Have you received the baptism of the Holy Spirit ?
30. Have you received any blessing through
the Hope in Jesus Ministry?
 - (a) Your opinion about the ministry?
(Be open hearted)
31. Your wish and plan for serving :
Lord Jesus Christ after this course

32. Do you wish to do gospel work by manifesting the power of God ? :
33. After this course do you wish to work with Hope in Jesus Ministry ? :
34. Do you have any diseases? :
- (i) Do you take medicines regularly ? :
- (ii) During the course, do you have to take these medicines ? :
35. Vegetarian/Non vegetarian
36. Have you applied for the previous course ? :
37. Has your spouse taken up this course before? :
38. Name and address of two servants of God who knows about your spiritual life :
- 1.
- 2.
39. Are you willing to pay the amount for the expenses for this course ? :

I hereby declare that the particulars given above are correct and I will participate in the course by following the rules of the Hope in Jesus Institute of Power Evangelism. I promise to do evangelical work as much as I can, obeying God's Word after the course.

Place :

Date :

Signature & Name of Applicant

FOR THE USE OF SELECTION COMMITTEE

Selected/ Not Selected

Remarks