



Have you attended any other leadership or Bible course? YES/NO
 (Tick as appropriately)

COURSE: _____ PLACE: _____ DATE: _____

Mr. Mrs. Mins. Others: _____

***First Name:**

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Middle Name:

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***Surname:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Single Married Divorced Widow(er) Others : _____

Name of Spouse (Husband/Wife): _____

Has your Spouse attended any of EOM or other Biblical Training program: YES/NO (Tick whichever is applicable)

If yes when: _____ And where: _____

Who/what motivated you to join this course: _____

*Date of Birth: _____ Mobile: _____

*Address: _____

City: _____ State: _____

Telephone (Residence): _____

Office: _____

*E-mail: _____

Qualification: (Please tick one only)

Undergraduate Post Graduate Graduate Above

* Others: _____

Profession: (Please tick one only)

- Agriculture Government Retailing, Marketing, Advertising Education
- Law Journalism, News Shipping, Transportation, Travel Medical, Health
- Politics Business, Trade Pastoral Christian Worker, Missionary
- Media, Communications, Entertainment Builder, Developer, real Estate
- Engineering, Architecture * Others: _____

Organization: _____ Designation: _____

*Medium of Study: E-MAIL TELEPHONE No. _____ (if not same with the above) Both

*SMS Messages & Calls Calls Only Others please specify : _____

Signature: _____ Date: _____

Note: the asterisked lines are obligatory fields that MUST be filled. The medium through which you take the Bible studies will determine the processing fees.

DLBS Vision:

Building, equipping the believers, right from where they are; to live a victorious life

Ministry Mandate:

Raise Me a people with the passion of My love for Mankind by Teaching, Preaching & Healing.