

# TANZANIA ASSEMBLIES OF GOD CENTRAL BIBLE COLLEGE



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## APPLICATION FORM FOR DIPLOMA PROGRAM

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CENTRAL BIBLE COLLEGE

P. O. BOX 70

DODOMA – TANZANIA

Web site: [tagcbc.ac.tz](http://tagcbc.ac.tz). E-mail: [cbcregistrar16@gmail.com](mailto:cbcregistrar16@gmail.com)

# IMPORTANT INFORMATION

Dear Prospective Student!

Greetings in the Name of Jesus Christ!

We acknowledge your for showing interest to attend your studies at the Tanzania Assemblies of God Central Bible College (TAG CB) - Dodoma. Welcome to join the growing number of students of CBC.

Here is some important information to observe before filling the application form.

1. Application (package) form has three main parts; Personal information, Recommendation form, and Medical Report form. Make sure all are filled properly by person concern.
2. Submit your Application form with two colour passport size pictures.
3. Application form must be submitted with non-refund application fees Tshs 20,000/=
4. Application form must be attached with School Certificates (O' Level, A level or equivalent). Or a Prof of fluent in listening, writing and speaking English.
5. Attach in your application form your personal testimony (not less than one page) about your salvation, the Baptism in the Holy Spirit, your call in the Ministry and your experience in Christian service.

**6. Note: Fees Structure:**

<i>Fees Structure</i>	<i>TAG Student</i>		<i>Non TAG Student</i>	
	(Amount in Tshs)		(Amount in Tshs)	
Application fees	20,000.00		20,000.00	
Orientation fees	50,000.00		50,000.00	
Development fees	20,000.00		20,000.00	
Sub Total	90,000.00 ((Paid only on admission day)		90,000.00 ((Paid only on admission day)	
Tuition & Accommodation fees	200,000.00 per term	600,000.00 per year	300,000.00 per term	900,000 per year
<b>Total</b>	<b>200,000.00 per year</b>	<b>600,000 per year</b>	<b>300,000.00 per Term</b>	<b>900,000 per year</b>

**Note:**

- International Applicants fees use the exchange rate of day to get the equivalent rate of your country
- **Application fees, Orientation fees and Development fees are paid once for all the years student will study in the School.**

7. Please pay all the money through College Bank Account provided below. We don't receive cash.

Account name: **Assemblies of God Bible College.**

Account number: **Account: 01J1081472400 CRDB Bank**

8. After you have done all of these, send them to the Office of the Registrar and wait for the answer. If delays occur in receiving the response then contact us on the above address or phone.

Thank you

## Registrar

Tanzania Assemblies of God Central Bible College  
P. o. Box 70, Dodoma - Tanzania  
Mobile: (+ 255) 754 258 755/ 716 377 987/ Principal (+255) 754201541  
E-mail: [cbcregistrar16@gmail.com](mailto:cbcregistrar16@gmail.com); Website: [tagcbc.ac.tz](http://tagcbc.ac.tz)

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# APPLICATION FORM FOR DIPLOMA PROGRAM

**For Official Only**

Student's Registration Number

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Applicant's  
Photo

## SECTION 1: PERSONAL INFORMATION

- Name \_\_\_\_\_  
Last First /Baptism Middle
- Addresses  
(a) Residential \_\_\_\_\_  
Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(b) Home: \_\_\_\_\_  
Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- Nationality: \_\_\_\_\_ Tribe: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_
- Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_
- If you are divorced or separated, is your wife /husband still living? Yes /No \_\_\_\_\_
- Do you have a family to support? Yes /No \_\_\_\_\_
- Do you have children? Yes? No \_\_\_\_\_ if yes, how many \_\_\_\_\_
- Which local church do you belong to?  
Church Name \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Address: \_\_\_\_\_
- If you are a Pastor, who is your Presbyter or Superior?  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_

## SECTION 2: HEALTH

- Are you in good health? Yes /No \_\_\_\_\_
- Have you ever suffered or do you suffer from any serious illness such as Mental Illness, TB, Epilepsy, Diabetes, Heart Trouble, etc? Yes /No \_\_\_\_\_  
If Yes, Please explain \_\_\_\_\_  
\_\_\_\_\_
- Do you have any Physical Disability? Yes /No \_\_\_\_\_ If Yes, Please explain \_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: EDUCATION

- How many years have you spent in:  
a. Primary School \_\_\_\_\_ years    b. Secondary School \_\_\_\_\_ years  
c. Bible School \_\_\_\_\_ years    d. College or University \_\_\_\_\_ years
- Which year do you wish to enrol? 20 \_\_\_\_\_
- What language do you speak fluently? \_\_\_\_\_ Indicate your ability in English by putting X to the appropriate space:  
a. Spoken English: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor  
b. Written English \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
- State your secular work experience: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: MINISTRY**

18. To which church denomination do you belong? \_\_\_\_\_  
How long? \_\_\_\_\_ Years.
19. Do you believe that God has called you to the Ministry? Yes /No \_\_\_\_\_  
If "Yes" Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. What type of Ministerial Credential do you have and for how long?  
a. Christian Worker \_\_\_\_\_ For how many years \_\_\_\_\_  
b. Licensed Minister \_\_\_\_\_ for how many years \_\_\_\_\_  
c. Ordained Minister \_\_\_\_\_ for how many years \_\_\_\_\_  
d. Other (specify) \_\_\_\_\_
21. What Christian Ministries have you had and for how long?  
a. Pastor \_\_\_\_\_ For how many years \_\_\_\_\_  
b. Teacher \_\_\_\_\_ for how many years \_\_\_\_\_  
c. Evangelist \_\_\_\_\_ For how many years \_\_\_\_\_  
d. Church leader \_\_\_\_\_ for how many years \_\_\_\_\_  
e. Youth leader \_\_\_\_\_ for how many years \_\_\_\_\_  
f. Choir leader \_\_\_\_\_ for how many years \_\_\_\_\_  
g. Other (state it) \_\_\_\_\_
22. Have you attended Church Planting School? \_\_\_\_\_ (Yes/ No), If Yes, where \_\_\_\_\_  
when \_\_\_\_\_; (Attach a copy of church planting Certificate and Official Transcript).
23. If accepted you must agree to the following:  
a. All students must obey the Rules of this College.  
b. The college Administration has the right to dismiss any student at any time in case of any misconduct.  
c. Both CBC and T.A.G. are not obligated to provide any Student or Graduate with employment.  
d. You will be completely responsible for the payment of your School fees at the opening of each term.  
e. If you have accepted, you will receive an admission letter.
24. Please! Enclose with this form, achieved certificates /transcripts or its equivalent from your previous, schools, colleges and Universities.
- 25.
26. **Certification:**

"By my signature I certify that the answers I have given on this form are true. By the same I also agree to abide by the statements I have made herein".

Signature \_\_\_\_\_ Date \_\_\_\_\_



## RECOMMENDATION FORM

Applicant's Name \_\_\_\_\_

Dear Pastor/Presbyter/District Bishop,

The person mentioned above has applied for admission for the **DILOMA PROGRAM** at our College. To assist us in determining his/her application we need some recommendation by the applicant's local pastor, Presbyter, Bishop, etc. Grateful, therefore, if you would kindly evaluate this applicant by filling in this form. Your honesty is absolutely essential in determining if the applicant will benefit from studies at TAG - BC.

When you are through, pleased return this form **directly to the REGISTRAR** at the address given above. Thank you for your cooperation. Be assured also that your answer in this form will be kept confidential.

1. How long have you personally known the applicant as your church member, co-worker, and associate?  
\_\_\_\_\_ Years \_\_\_\_\_ Month.
  2. Do you believe that this applicant is saved /born again? YES/NO\_\_\_\_\_
  3. Has he/she received **Water Baptism Immersion**? YES/ NO\_\_\_\_\_. If NO, please explain  
\_\_\_\_\_
  4. Has he/she received the Baptism in the Holy Spirit as in Acts 2:4? YES/NO \_\_\_\_\_
  5. Is he/she living holy and consistent Christian life? YES/NO \_\_\_\_\_
  6. Is he/she presently married? YES/NO \_\_\_\_\_ NOT SURE \_\_\_\_\_
  7. If he/she is married, are they living apart because of marital conflict? YES/NO \_\_\_\_\_
  8. Is he/she faithful in church attendance? YES/NO \_\_\_\_\_. In paying Tithes? YES/NO \_\_\_\_\_
  9. What types of ministry has he/she been involved in your church?  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_  
d. \_\_\_\_\_ e. \_\_\_\_\_ f. \_\_\_\_\_
  10. What ministerial credentials does he/she have?  
a. Christian Worker \_\_\_\_\_ b. Licensed \_\_\_\_\_ c. Ordination \_\_\_\_\_ d. Other \_\_\_\_\_
  11. Are you convinced that he/she has a CALL for the ministry? YES/NO \_\_\_\_\_
  12. Do you recommend that he/she should be accepted to join this College to pursue the course \_\_\_\_\_ he/she has applied for?  
YES/NO \_\_\_\_\_ If NO, explain \_\_\_\_\_
  13. How do you think his/her school expenses at AGBC will be met?  
\_\_\_\_\_
  14. Do you know anything about the applicant which causes you to believe him/her?  
(a) May not succeed at CBC YES/NO \_\_\_\_\_ MAY BE \_\_\_\_\_  
(b) If you answered YES or MAY BE, please explain \_\_\_\_\_
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15. "I certify that I have answered the above questions to the best of my knowledge of this applicant."

\_\_\_\_\_  
Pastor's, presbyter's, Bishop's full name

\_\_\_\_\_  
Pastor's, presbyter's, Bishop's Signature

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

\_\_\_\_\_

\_\_\_\_\_  
Official Rubber stamp:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Sectional Presbyter  
(To be filled by Pastor)

\_\_\_\_\_  
Name of District Bishop  
(To be filled by Pastor)

\_\_\_\_\_  
College Registrar

\_\_\_\_\_  
Date

# THE UNITED REPUBLIC OF TANZANIA

## REQUEST FOR MEDICAL EXAMINATION

**FROM: - TANZANIA ASSEMBLIES OF GOD CENTRAL BIBLE COLLEGE**

P. O. Box 70, DODOMA-TANZANIA

Mobile: (+ 255) 754 258 755/ 716 377 987/ Principal (+255) 754201541

E-mail: [cbcregistrar16@gmail.com](mailto:cbcregistrar16@gmail.com)

To the Medical Officer:-

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Student's full name: .....

Please examine the above named as to his/her fitness for full time English / Diploma /Degree program.

The following categories are closely sited:-

- i) Eye sight .....
- ii) Hearing .....
- iii) Leprosy .....
- iv) Epilepsy .....
- v) T.B. ....
- vi) Diabetes .....
- vii) Neurosis .....
- viii) Heart trouble .....
- ix) Mental illness .....
- x) H. I. V /AIDS.....
- xi) Other serious diseases .....

### **MEDICAL CERTIFICATION:**

(To be completed by a medical Officer)

I have examined the above named and consider that he /she is /is not physically /mentally fit for full time English /Diploma /Degree program.

Remarks:

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.....  
.....  
.....

Date: ..... 200.....

Signature: .....

Designation: .....