



**LOGOS COLLEGE**  
 Sovima, Dimapur, Nagaland  
 Govt. Regd. No. GAB/RS/3615  
 Recognized No. HED/COL-Dev/22/2008/3433  
 E-mail : [logoscollegeonline@gmail.com](mailto:logoscollegeonline@gmail.com)  
 Ph: +91-9362565645      Web: [logosonline.org](http://logosonline.org)



**Associated with Martin Luther Christian University**  
 (UGC Recognised)

**PASTOR’S RECOMMENDATION LETTER**

Dear Pastor,

Logos College seeks to train disciples and leaders who will be effective for church and mission of God. Hence, the applicant’s eligibility for admission is dependent upon your careful evaluation and recommendation. Please answer all questions giving your opinion and evaluation of the candidate who has applied for studies at Logos College. All information given will be treated confidentially. After filling this FORM please post it directly to the registrar/Academic Dean to the above mentioned address or return to the student in a sealed envelope.

Name of the Applicant : \_\_\_\_\_

Name of the Church: \_\_\_\_\_

Name and address of the Pastor:  
 \_\_\_\_\_  
 \_\_\_\_\_

1. How long have you known the applicant?  
 \_\_\_\_\_
2. What is your relationship to the applicant?  
 \_\_\_\_\_
3. State your knowledge about the applicant’s personal commitment to Christ.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. State the applicant’s involvement in the local Church/any other Christian ministry  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What special talents and skills does the applicant have?  
 \_\_\_\_\_  
 \_\_\_\_\_
6. State your opinion about the applicant’s spiritual maturity and abilities.  
 \_\_\_\_\_

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7. How will you rate the applicant in the following areas:

<i>Areas</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
Ability to work with others					
Relationship with family					
Relationship with Church					
Integrity/Honesty					
Willingness to learn					

8. Do you think the applicant as someone whom you would hire, have as a pastor or staff member, or like to work with as a colleague?

Yes

NO

8. Please check one.

I recommend the applicant for admission to Logos College.

I do not recommend the applicant.

Place:

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Signature of the Recommender

Date:

Official Seal:

Mobile Number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Office Number : \_\_\_\_\_

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



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## ACADEMIC RECOMMENDATION LETTER

**Name of the Applicant:** \_\_\_\_\_

Name of the person recommending: \_\_\_\_\_

Address of the Institution (Street) (City/town) (State)

\_\_\_\_\_  
\_\_\_\_\_  
(Phone Number) (Email ID)

*[The Academic recommendation is required from a teacher/ mentor. After filling this FORM please post it directly to the registrar/Academic Dean to the above mentioned address or return to the student in a sealed envelope.]*

1. How long have you known the applicant?

\_\_\_\_\_

2. What is your relationship to the applicant?

\_\_\_\_\_

3. State your knowledge about the applicant's personal commitment to Christ.

\_\_\_\_\_

4. What are the strengths and weaknesses of the applicant?

\_\_\_\_\_

5. What is the applicant's record of academic performance during his/her studies at your school/college?

\_\_\_\_\_

\_\_\_\_\_

Place :

Date :

\_\_\_\_\_  
Signature of the Recommender



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## MEDICAL ASSESSMENT FORM

Please fill out this form carefully to the best of your knowledge concerning the health of the applicant and return to the student in a sealed envelope.

**Name of the Applicant:** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Name of the Hospital/ Clinic: \_\_\_\_\_

Address: (Street) (City/town) (State) (Postal Pin Code)

\_\_\_\_\_  
(Phone Number) (Email ID)

1. Has the applicant been treated for any illness in the past year?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. If you answered "Yes" above, please state the illness. If you answered "No", please proceed to question # 3

\_\_\_\_\_  
\_\_\_\_\_

3. Are you aware of any health restrictions that would prevent the applicant from performing his/her studies? If so, please state below:

\_\_\_\_\_

4. What is the blood pressure of the applicant at the time of examination?

\_\_\_\_\_

5. Based on your examination/evaluation, please rate the applicant's current health condition:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Additional Comments (if necessary) \_\_\_\_\_

\_\_\_\_\_

Signature:

Date

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**ONLY FOR OFFICE USE (to be filled by the Registrar/Academic Dean)**

1. Date when application was received \_\_\_\_\_
2. Application fee received \_\_\_\_\_
3. Admission:  
Approved       Rejected       Differed
4. Enrolled in: \_\_\_\_\_ Program   
First Year  Second Year  Third Year for the
5. Qualifying paper required for admission \_\_\_\_\_
6. Total credits/subjects required for graduation \_\_\_\_\_

Signature:

Date:

Registrar/Academic Dean: