

MIRACLE INVASION LEADERSHIP INSTITUTE
147, UPPER OWINA STREET, BENIN CITY.

APPLICATION FORM

SESSION _____

APPLICATION NO _____

TO THE APPLICANT

- i). The applicant is advised to read through this form carefully before filling it. The completed Application Form and all other attachments should be forwarded to the Registrar (Admissions) **NOT LATER THAN** _____
- ii). This application form is obtained on payment of a fee of **₦200** only to the Bursary of the institute.

Please attach **TWO** recent Passports with your Name written in full at the back of each of the Photograph

FOR OFFICE USE ONLY

Date Issued: _____
Receipt No: _____
Amount Paid _____
Receiver's Name _____

Receiver's
Sign _____
Date _____
This candidate can/cannot be
admitted _____

Admission
Officer _____

Admission Officer's Signature

Date _____

PLEASE PRINT ALL ENTRIES LEGIBLY (IN BLOCK CAPITALS)

1. Full Name: _____
Surname First Name Middle Name
2. Mailing Address: _____

3. Permanent Home Address _____

4. Sex: (mark × in appropriate Box) Male Female
5. Marital Status: Single Married Widowed Separated
6. Date of Birth _____ 7.) State _____
8. Nationality _____ 9.) Tel: _____
10. Name and Address of person or body who will be responsible for your fees

NOTE: *If you are offered admission to this Institute, an Acceptance Letter and a Guarantor's Letter that all your fees will be paid will be sworn to by the person or body named. You will not be allowed at the Institute until the Guarantor's Letter is brought.*

10. **DECLARATION:** I, _____ hereby declare that I wish to enter the *Miracle Invasion Leadership Institute* in the 20__/____ session, that the particulars given in this form are to the best of my knowledge and belief correct and that if admitted to the Institute, I shall regard myself bound by the Ordinance, Statutes and Regulations of the Institute in as far as they affect me. I understand that withholding any information requested or giving false information may make me ineligible for admission or compel my expulsion from the institute.

Signature of Applicant & Date _____

MIRACLE INVASION LEADERSHIP INSTITUTE (MILI)
147, UPPER OWINA STREET, BENIN CITY.

REFERENCE LETTER

To be completed by the Applicant's Zonal Co-ordinator or Team Director (for Miracle Assembly members only), and Applicant's Pastor in the case of an external candidate

Name of Applicant. _____

Surname

Other Names

Dear Sir,

The above named person has applied for admission to **Miracle Invasion Leadership Institute**. Please fill out this Form to the best of your knowledge. In case you do not have answer to any of the questions, do clarify from the Applicant. Please feel free to write additional comments on the back of this paper and send the completed form directly to us immediately since the Application Form cannot be treated without the Reference Form.

Thanks and God bless you.

- 1.) What is your relationship with the Applicant? _____
- 2.) How long have you known the Applicant? _____
- 3.) How well do you know the Applicant? _____
- 4.) Is the Applicant Born Again? _____
- 5.) Is the Applicant baptised in the Holy Spirit with the evidence of speaking in tongues? _____
- 6.) Is the Applicant baptised in water by immersion after being Born Again? _____
- 7.) Has the Applicant always appeared morally upright in your eyes? _____
- 8.) Do you have complete confidence in the Applicant's integrity? _____
- 9.) Is the Applicant prompt in paying debts? _____
- 10.) Would you without any reservation recommend the Applicant's acceptance in **MILI**? _____
- 11.) Is the Applicant a member of your Zone/Team/Church? _____ (*please underline the one applicable*)
- 12.) If yes, since when? _____
- 13.) How committed is he/she to your Zone/Team/Church? _____
- 14.) Has s/he successfully pass through Believers' Academy/your Church's Foundation School? _____

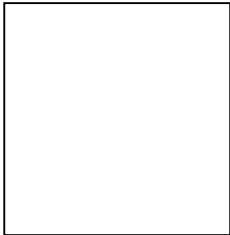
DECLARATION

I, _____ the Zonal Coordinator/Team Director/Pastor of _____ Zone/Team/Church do hereby declare that the information given above concerning the Applicant are to the best of my knowledge truth and nothing but the truth.

Signature _____

Date _____

MIRACLE INVASION LEADERSHIP INSTITUTE
147, UPPER OWINA STREET, BENIN CITY.



ELIGIBILITY FORM
CLEARANCE PROCEDURE FOR CANDIDATES FOR THE ____/____ SESSION

REG. NO.

SURNAME

FIRST NAME

MIDDLE NAME

SEX

M. MALE
 F. FEMALE

DATE OF BIRTH
DAY

MONTH

YEAR

NATIONALITY

STATE OF ORIGIN

LOCAL GOVERNMENT AREA OF ORIGIN

FOR MEMBERS OF MIRACLE ASSEMBLY ONLY

NAME OF BRANCH _____	MEMBERSHIP REG. NO. _____
DEPARTMENT _____	CELL _____
HOD's SIGN & DATE _____	COORDINATOR'S SIGN & DATE _____
BRANCH PASTORS SIGNATURE & DATE _____	

**FOR BOTH INTERNAL & EXTERNAL CANDIDATES
ACADEMIC QUALIFICATIONS AND DATES**

DATE	INSTITUTION	QUALIFICATION

PAYMENT PARTICULARS

TELL/RECEIPT NO. _____ BANK _____

STUDENT'S NAME _____ SIGNATURE & DATE _____

CHECKED BY: _____ SIGNATURE & DATE _____