



Affix passport
sized photo

To,

**The Presiding Arch Bishop
Council of Bishops of Independent Christian Churches
(Managed By:-Bethesda Christian Trust Association)
H.O:-B-152/U.G-1 Saroj Apartment
Main Shalimar Garden, Sahibabad
Dist. Ghaziabad (U.P) India-201005**

Subject: Application for Affiliation, Membership & Episcopal License from the Council of Bishops of Independent Christian Churches

You're Eminence.

The applicant humbly requested as under:-

1. Applicant is working as Overseer, Bishop, and Senior Leader & Pastor of Independent Church Organization. I have my own Independent Registered Christian Ministry and Church Organization.
2. The applicant and his Church Ministry & Organization is not affiliated with any Denomination or Church Council or Bishops Council. I am willing to affiliate my Organization & Church Ministry with the Council of Bishops of Independent Christian Churches. I have also need of Ecclesiastical Episcopal Authority from the Council of Bishops of Independent Christian Churches
3. I Have need of Episcopal Authority and Episcopal License from the Council of Bishops of Independent Christian Churches to Solemnize the Christian rituals , Christian Sacraments, Christian religious ceremonies and Christian marriage in our churches for the Congregations of Churches .
4. I have also need of Affiliation & Membership of Council of Bishops for Independent Christian Churches. I will pay Rs.....Every year as Annual Fees of Affiliation & Membership of Council of Bishops for Independent Christian Churches, I will follow the Rules and Regulation of Council of Bishops for Independent Christian Churches. Presiding Arch Bishop have right to ceased and terminate my Authorities, if I will not follow the rules of Bishops Council framed time to time by Council of Bishops for Independent Christian Churches.
5. I will be very obliged and grateful to you. If you will grant me an affiliation and Membership of Bishops Council & Ecclesiastical Episcopal Authority from the office of the Presiding Arch Bishop of Council of Bishops for Independent Christian Churches to Solemnize the rituals and sacraments of Church and Christian marriage in the Churches of our Ministry or Diocese.

Signature :-

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6. I will do work as self supported Bishop/Overseer/Senior Pastor or Leader of my Church Ministry and my Organization without the salary & financial Support with the affiliation , Ordination and Membership of Council of Bishops of Independent Christian Churches. I will claim salary or financial support from my own Church Organization. I will not claim any kind of salary and financial support from the Authorities of Council of Bishops of Independent Christian Churches.
7. I will not file any kind of Suit or Court case or Application in the Court against the Bethesda Christian Trust Association and Council of Bishops for Independent Christian Churches for my salary or financial support. The Jurisdiction of Trial Court will be area of Head office or registered office for all kind of litigations and all disputes or all matters or all Legal Proceedings and Court Cases. I accepted the terms and Conditions of Council of Bishops for Independent Christian Churches (Managed by Bethesda Christian Trust Association)

I will be very grateful to you, if you will grant me an Affiliation , Membership & Episcopal License from the Council of Bishops of Independent Christian Churches. My full Bio-data is attached herewith my application.

Thanking you

Yours faithfully

Date: _____

(Name & Signature of Applicant)

Place: _____

Designation: _____



(BIODATA OF APPLICANT)

Application for Affiliation ,Membership , Episcopal Ordination & Consecration:-

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- 1)- Name of Applicant
- 2)-Father's Name
- 3)-Mother's Name:-
- 4)-Date of Birth & Age
- 5)-Marital Status (Married or Unmarried).....
- 6)- Your Wife Name
- 7)-Total Children in Family.
- 8)-Educational Qualification
- 9)-Theological Qualification
- 10)-Experience in Church Ministry
- 11)-Your Designation in your Church Organization.....
- 12)-Name of your Church or Organization
- 13)-Total Churches under yours Organization
- 14)-Head office Address.....
.....
- 15)-Office Email Address
- 16)-Office Phone No;-Mobile No.....

- Place:- Signature of Applicant.....
- Date:- Name of Applicant.....

(Office Use Only)

**This is to Certify That Rev.....S/o.....has
ordained as a Consecrated onand affiliated on.....with Council of Bishops of
Independent Christian Churches.**

Date.....,

(Signature of Official Authority)