



# WESTERN SÜMI

## BAPTIST AKUKUHOÜ KÜQHAKULU

### SERVICE CONTINUATION FORM 2024

(FOR OFFICE USE ONLY)

- Form No : SCF ..... /2024 Payment Mode: Cash/Online .....
- Submitted on : .....
- Name : .....
- Place of Work : .....
- Appointed As : .....
- Employee Code : WSBE .....

Please Affix  
recent color  
passport size  
only

(3.5x 4.5)

.....  
EXECUTIVE SECRETARY

(A. PERSONAL INFORMATION)

Name (as per documents): .....

Church (Membership): .....

Date of Birth: DD / MM / YEAR Age: ..... Sex: Male / Female .....

Nationality: ..... Marital Status: Married / Unmarried .....

Permanent Address: .....

Phone No.: ..... Email: .....

Father's Name: .....

Occupation: ..... Phone No.: .....

Mother's Name: .....

Occupation: ..... Phone No.: .....

Parents Address: .....

(If Married submit self-attested Marriage Certificate)

Name of Spouse: .....

Occupation: .....

No. of Children: ..... Phone No.: .....

**B. REASON FOR LEAVE**

Leave Approval (*Executive Secretary Recommendation*): .....

.....

Leave Duration (*Specify Date & Year*): ..... to .....

Institution: .....

Research / Thesis Title: .....

.....

**C. AGREEMENT**

I ..... hereby solemnly declare that all the statements given above are true, complete and correct to the best of my knowledge and belief.

.....  
Date

.....  
Signature of the Applicant

I have read the Application Form of Mr/Ms/Mrs/Rev./Dr. ....

for appointment under WSBak and found to be all accurate to the best of my knowledge and belief.

I (do recommend/do not recommend) the applicant for (his/her) ministry under WSBak.

Signature: .....

Church

Name: .....

Seal & Date

Designation: .....

Church: .....

**Note:**

1. A fee of ₹ 150/- only (*non-refundable*) will be charged for processing the Form.
2. Submit a Personal Letter to Executive Secretary requesting for Service Continuation. (*self-attested*)
3. Submit Work Experience Certificate of last employment.
4. Submit Degree Certificate and Mark Sheet for those under Study Leave. (*self-attested*)
5. Submit Medical Fitness or Fitness Certificate for those under Medical Leave and others.
6. Completed Application Form must be submitted at WSBak Office during working hours or before September 30, 2024.
7. Incomplete Form will be summarily rejected.
8. Kindly furnish valid contacts to receive further notification or check [www.wsbak.org](http://www.wsbak.org) for any info.