



## GAFCON - ANGLICAN BISHOPS COUNCIL OF INDIA

(Asstd with ACI, CEEC, EEC, DOTC, EFI, AAC, GAFCON, ACNA, FCOE & OAC)

H.Q: New Delhi, Corp.Office: Chennai

1/E-247, 9th Street, Bethel Nagar (North), Injambakkam, E.C.R, Chennai-600 115.

bishopanglican@gmail.com, info.gafconabci@gmail.com | www.gafconabci.org

044-46604418, 9884634635, 9840501222

### **APPLICATION FOR AN AFFILIATION**

#### Instructions:

1. Please complete this form in clear block letters.
2. All fields marked (\*) are mandatory.
3. Attach copies of required documents.
4. Submission of this form does not guarantee approval. The decision of the Ecclesiastical Board is final.

#### **1. AFFILIATION**

☐ Church      ☐ Diocese      ☐ Synod      ☐ Autonomous Body      ☐ Institution

#### **2. CHURCH/DIOCESE/SYNOD/AUTONOMOUS BODY/INSTITUTION INFORMATION**

1. Full Name of Church/Diocese/Synod/Autonomous Body/Institution:

\_\_\_\_\_

2. Presiding Bishop Name:

\_\_\_\_\_

3. Designation: ☐ Presiding Bishop    ☐ Archbishop    ☐ Bishop    ☐ Other: \_\_\_\_\_

4. Year Established: \_\_\_\_\_

5. Registered Under (Society / Trust / Company Act): \_\_\_\_\_

Registration No.: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

6. Registered Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

7. Email ID: \_\_\_\_\_

8. Website / Social Media: \_\_\_\_\_

9. Mobile / Office Contact No. \_\_\_\_\_

10. Jurisdiction (Districts / States / Regions Covered): \_\_\_\_\_



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### 3. LEADERSHIP DETAILS

#### A. Bishop / Assistant Bishop / Associate Bishop / Missionary Bishop / Auxiliary Bishop

Sl. No.	Name	Designation	Mobile No.	Year of Consecration	Jurisdiction
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Total No. of Bishops: \_\_\_\_\_

#### B. Presbyter / Clergy

Sl. No.	Name	Parish / Church	Contact	Year of Ordination
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Total No. of Presbyters: \_\_\_\_\_



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### C. DEACON / BIBLE WOMEN / EVANGELIST / PROPHET / Other (specify): \_\_\_\_\_

Category	Total
Deacon	
Bible women	
Evangelist	
Prophet	
Other	

### 4. CHURCH NETWORK INFORMATION

Total Number of Churches / Congregations: \_\_\_\_\_

Average Membership per Church: \_\_\_\_\_

Total Estimated Members under Diocese / Ministry: \_\_\_\_\_

Languages of Worship: \_\_\_\_\_

Others (if any): \_\_\_\_\_

### 5. MINISTRIES AND OUTREACH WORK

Please tick and briefly describe the ministries active under your Diocese / Ministry:

☐ Evangelism & Church Planting

☐ Education / Bible School / Seminary

☐ Social Work / Relief & Development

☐ Media / Publication / Digital Outreach

☐ Missionary Support / Rural Outreach

☐ Other (specify): \_\_\_\_\_



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### **BRIEF DESCRIPTION OF MINISTRY ACTIVITIES:**

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### **6. PURPOSE OF AFFILIATION**

**Why do you seek affiliation with GAFCON-ABCI?\***

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**How will this partnership strengthen your mission and ministry?\***

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**Are you willing to abide by the doctrine, liturgy, and constitution of the Anglican Communion?\***

☐ Yes ☐ No

**Are you willing to maintain fellowship, accountability, and financial contribution toward GAFCON-ABCI?\***

☐ Yes ☐ No

### **7. LEGAL & ADMINISTRATIVE INFORMATION**

**Do you file Income Tax returns regularly?\*** ☐ Yes ☐ No

**Is your Diocese / Autonomous Body presently under another denomination or network?**

☐ Yes ☐ No If yes, specify: \_\_\_\_\_

**Police Verification Certificate (for Archbishop / Bishops / Principal Leader)\*:**

☐ Yes ☐ No (If not available, please initiate and attach at submission.)



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### 8. REQUIRED DOCUMENTS

- ☐ 1. Registration Certificate (Society / Trust Deed / NGO Certificate)
- ☐ 2. Constitution / Bylaws of the Diocese or Ministry
- ☐ 3. List of Bishops, Presbyters, Deacons, and Churches
- ☐ 4. Ministry Annual Report / Activity Summary
- ☐ 5. Church or Board Resolution seeking affiliation
- ☐ 6. Photographs (Leaders, Worship, Outreach Events)
- ☐ 7. Identity & Address Proof of Presiding Bishop / Leader
- ☐ 8. Police Verification Certificate

### 9. REFERENCES

Provide two references from recognized clergy or senior leaders familiar with your ministry:

A. Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

B. Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile No.: \_\_\_\_\_



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### DECLARATION

I hereby declare that all information provided above is true and correct to the best of my knowledge.

I agree to uphold the **faith, doctrine, and discipline** of the **Anglican Church of India (ABCI)** and submit to the **spiritual and administrative authority of GAFCON-ABCI**.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature & Seal of Applicant Diocese / Autonomous Body: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Application No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Status: ☐ Approved ☐ Deferred ☐ Rejected

Remarks: \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_