# GAFCON - ANGLICAN BISHOPS COUNCIL OF INDIA

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

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## APPLICATION FOR 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

☐ Diocese ☐ Autonomous Body

### 2. DIOCESE / AUTONOMOUS BODY INFORMATION

1. *Full Name of Diocese / Autonomous Body:*

   _____

2. *Head / Presiding Bishop Name:*

   _____

3. Designation: ☐ Bishop ☐ Archbishop ☐ Overseer ☐ Director ☐ Other: _____
4. Year Established: _____
5. Registered Under (Society / Trust / 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): _____

**3. LEADERSHIP DETAILS**

**A. Bishops**

| Sl. No. | Name | Designation | Contact | Ordination Year | Area of Oversight |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

**Total No. of Bishops: _____**

**B. Presbyters / Clergy**

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

**Total No. of Presbyters: _____**

**C. DEACONS AND PRAYER WOMEN**

| Category | Male | Female | Total |
|---|---|---|---|
| Deacons | | | |
| Prayer Women | | | |

**D. ANY OTHER DESIGNATION_____**

| Category | Male | Female | Total |
|---|---|---|---|
| | | | |
| | | | |

**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): _____

**BRIEF DESCRIPTION OF MINISTRY ACTIVITIES:**

_____

_____

_____

_____

**6. PURPOSE OF AFFILIATION**

**Why do you seek affiliation with GAFCON–ABCI?***

_____

_____

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

_____

_____

**Are you willing to abide by the doctrine, liturgy, and constitution of the Anglican Church?***
☐ 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.)

**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.***: _____

**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:** _____