



(Please Take Printout Back to Back)

**APPLICATION FORM**  
**CENTRE FOR EXTENSION STUDIES**  
**UNION BIBLICAL SEMINARY**

P.O. Box. 1425, Bibwewadi,  
Pune - 411 037

3.5 cm X 4.5 cm  
Photo

**Phone :** 24211747, 24211203 **Fax No.:** 020 - 24215471  
**E-mail :** cesenglish@ubs.ac.in

Academic Year 20\_\_\_\_\_20\_\_\_\_\_

- Course Applying for (Tick)  M. Div. (Master of Divinity)  
 D. M. S. (Diploma in Ministerial Studies)  
 C. M. S. (Certificate in Ministerial Studies)

**NOTE :**

Last date for application : 28<sup>th</sup> Feb. with late fee of Rs. 20/- by 30<sup>th</sup> of March - First Admission  
15<sup>th</sup> Nov. with late fee of Rs.20/- by 30<sup>th</sup> of Nov. - Second Admission

Applicants are expected to have the current Seminary Prospectus which outlines the purpose of the Seminary, the courses offered and the conditions of admission. The applicant is requested to answer every question with care avoiding any misleading statements.

Together with the application form he / she should send :

1. D.D./M.O. of Rs. 300/- in favour of “**UNION BIBLICAL SEMINARY**” for Application Form.  
Two recent Photographs (about 3.5cm x 4.5cm) of the applicant. (One to be attached above)
2. Two xerox copies each of the applicant's certificates and mark lists showing the complete record of his/her academic achievements from High School upwards. (Please do not send the originals with the application.)
3. The migration / transfer certificate must be submitted in original at the time of registration.
4. The applicant's own statements, on prescribed form, regarding his/her experience of personal commitment to Christ and experience in ministry.
5. Statement on the prescribed form regarding the financial support of the applicant.

The **ADMISSIONS COMMITTEE** of **UBS** will consider the application after receiving the applicant's entrance exam results. The decision as to whether or not the applicant is admitted to the course will be intimated in writing. The decision of the Admission Committee is binding and final.



16. Educational Qualifications (All applicable columns must be filled)

Examination Passed	Name & Place of Board, College	During which year	Diploma / Degree Received	Class / Division
High School				
Pre-University				
Higher Secondary				
B.A./ B.Sc./ B.Com.				
M.A./M.Sc./M.Com.				
Theological Studies				
Others, if any				

17. Do you have any special talents in sports, games, music, art work, literary activity, drama etc.?

\_\_\_\_\_

\_\_\_\_\_

18. Did you ever have to discontinue any course or work or studies ? If yes, state why :

\_\_\_\_\_

19. What prizes / honours, if any, have you received ?

\_\_\_\_\_

\_\_\_\_\_

20. Do you have any financial debts ? Yes ? No.

If yes, how much ? \_\_\_\_\_

21. Give the NAMES and COMPLETE ADDRESS of the following persons who know you well. (If any those listed below is your close relative, state relationship).

(a) Your PASTOR (Name) \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

(b) A responsible person who knows you well : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

(c) Your present or most recent EMPLOYER or another responsible person :

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

22. Entrance / Qualifying Examinations :

(All candidates are to appear for Entrance / Qualifying examination. Question papers will be sent to your pastor whom we request to supervise the exam. In case you are living far away from your pastor. Please write the name and present address of a responsible Christian leader who is willing to supervise your exam.)

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

**DECLARATION AND PLEDGE**

I \_\_\_\_\_ (Name)

declare that all the information given above is true and correct.

I, promise that, if admitted to the seminary :

- (a) I shall abide by the rules and regulations of the UNION BIBLICAL SEMINARY.
- (b) I shall submit myself to the decisions taken regarding me by the Seminary administration while I am a student of the Seminary.
- (c) I shall submit myself to the right of Seminary administration to take any appropriate disciplinary action against me, if in their judgement my behavior, character, conduct or doctrine is contrary to the spirit and emphases of the Seminary.

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

Signature : \_\_\_\_\_

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**FOR OFFICE USE ONLY**

1. Name of Applicant : \_\_\_\_\_

2. Date of receipt of application : \_\_\_\_\_

3. Fee : Application fee / late fee received Rs. : \_\_\_\_\_

Receipt No. : \_\_\_\_\_ Date : \_\_\_\_\_

Late fee due Rs.: \_\_\_\_\_

4. Application Number / Code : \_\_\_\_\_

5. Admission : Approved / Rejected / Deferred.

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

Signature : \_\_\_\_\_

CENTRE FOR EXTENSION STUDIES

# Union Biblical Seminary

Pune, Maharashtra - 411 037

## **FINANCIAL STATEMENT FOR PAYMENT OF FEES**

**Tick one of the statements below :**

Who will pay your fees ?

i) I will be responsible for my own expenses

ii) My expenses will be paid by

**Note: If you are taking responsibility for your own expenses, please fill in the form yourself.**

If somebody else (Church / Organisation / Individual) is paying the expenses, please ask them to fill in and sign the form.

Name of Student (Block Letters): \_\_\_\_\_

Name of Sponsor (Where Applicable): \_\_\_\_\_

**I am prepared to pay fees as follows :**

1. **REGISTRATION, EXAMINATION, TUITION, MATERIALS, LIBRARY ETC.**
2. Recommended Book allowance per year : \_\_\_\_\_
3. Travel for meeting with Tutor (if necessary) : \_\_\_\_\_
4. Travel and board expenses for residential sessions : \_\_\_\_\_

Signature : \_\_\_\_\_

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

Name and address of person to whom BILLS should be sent for payment (BLOCK LETTERS)

**NAME :** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Mobile No. \_\_\_\_\_ Tel.No. \_\_\_\_\_

**PERSONAL STATEMENT OF CHRISTIAN EXPERIENCE  
AND COMMITMENT TO CHRIST**

To be sent to :

**Centre for Extension Studies, English  
Union Biblical Seminary,  
Bibwewadi, Pune - 411 037.  
Maharashtra, India.**

Name in full (In Block Letters) \_\_\_\_\_

1. Explain how you became a committed Christian. Mention any experience or event of particular importance in your spiritual growth.

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2. In what ways is Christ the Lord of your life and the Bible its supreme authority? Be specific.

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3. What do you see as the greatest need (a) in your church ?  
(b) in your country ?

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4. In your opinion :  
(a) What should be the personal characteristics of a servant of Christ ?  
(b) What should be the nature of his / her ministry ?

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5. Describe briefly how you would present the Christian gospel to one who does not know Christ.

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6. (a) What type of Christian ministry or service have you been engaged in ?  
Please be Specific :

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(b) What kind of ministry or service do you hope to be engaged in, after completing your studies (if different from above) ?

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(c) What opportunities for continuing ministry or service will you have during the period of your studies ?

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7. Why have you decided to undergo systematic theological training ? Why did you select Union Biblical Seminary, Pune for your training ?

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If you need to write more, use a separate sheet of paper.

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

Signature : \_\_\_\_\_



2. How long have you known the applicant ? \_\_\_\_\_ How well ?

Very Well  Rather Well  Casually  Not well

In what capacity ? \_\_\_\_\_

3. Please Provide us with a statement concerning the applicant's spiritual maturity, stability, personality, character and professional promise. Also include in your statement an assessment of his or her strengths and weaknesses.

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4. We would appreciate your additional comments. Use a separate page if necessary.

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5. I recommend this applicant for admission to Union Biblical Seminary's Extension studies

Highly recommend     Recommend     Recommend with reservations  
 Don not recommend

**U. B. S. Alumnus ?**

Yes     No

6. \_\_\_\_\_

Your Name (Please Print)

Signature

Date

Position

Organisation

Address

City

State

Pin code

Phone Number

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Send directly to : Centre for Extension Studies, **UNION BIBLICAL SEMINARY**  
P.O. Box 1425, Bibwewadi, Pune 411 037, Maharashtra.



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4. We would appreciate your additional comments. Use a separate page if necessary.

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Yes     No

6. \_\_\_\_\_

Your Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Organisation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_ Phone Number \_\_\_\_\_

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