

# UNION BIBLICAL SEMINARY



BIBVEWADI, PUNE - 411 037  
MAHARASHTRA, INDIA  
TELEPHONE : (020)24211747, 24211203/ 24218829  
FAX : (020) 24215471  
Email : admissions@ubs.ac.in/registrar@ubs.ac.in  
(A postgraduate college affiliated to Senate of Serampore College/University  
& accredited by Asia Theological Association)

## APPLICATION FOR ADMISSION

Academic Year 20 - 20

A recent  
photograph

Admission sought for :

(✓one)

**B.D./M.Div./Short Term Course**

### NOTE :

- \*Last date for application without late fee : 15th November
- \*Last date of application with late fee (of Rs. 20/-): 30th November.
- \*The application fee and late fee are non refundable.
- \*The applicant is requested to answer every question. Avoid misleading statements.

1. Full Name:

(in block letters as per your academic records)

2. Gender: Male/Female

3. Marital Status: Engaged/Married/Unmarried/Divorced

4. Date of Birth:

| Date | Month | Year |
|------|-------|------|
|      |       |      |

5. Present Age:

6. Date of Marriage:

| Date | Month | Year |
|------|-------|------|
|      |       |      |

7. Place of Birth:

8. Nationality:

9. Name of State/Province:

10. Country of Residence:

11. Mother Tongue:

12. Other languages you know:

(i) Speak

(ii) Read

(iii) Write

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13. Permanent address (Full):

14. Correspondence address (Full):

|                |  |                |  |
|----------------|--|----------------|--|
| City/District: |  | City/District: |  |
| State:         |  | State:         |  |
| Country:       |  | Country:       |  |
| Pin code:      |  | Pin code:      |  |

15. Contact number:

Area code:

Number:

Mobile number:

Email:

**Note:**(You will be sent a confirmation email after your complete application is received at the/ Admission office. You have to add [admissions@ubs.ac.in](mailto:admissions@ubs.ac.in) to your addresses in order to avoid spam filters).

16. Family information

|    |  |     |        |                          |
|----|--|-----|--------|--------------------------|
| A. | <b>For Unmarried Candidates</b><br>Name & Address of Father/Guardian |     |        | Occupation of            |
|    |  |     |        | Father:                  |
|    |  |     |        | Mother:                  |
|    |  |     |        | Other members of family: |
| B. | Names of Siblings  | Age | Gender | Occupation               |
| 1. |  |     |        |                          |
| 2. |  |     |        |                          |
| 3. |  |     |        |                          |
| C. | <b>For Married Candidates</b><br>Name & Address of Spouse            |     |        | Occupation of            |
|    |  |     |        | Spouse:                  |
|    |  |     |        |                          |
| D. | Names of Children  | Age | Gender | Occupation               |
| 1. |  |     |        |                          |
| 2. |  |     |        |                          |
| 3. |  |     |        |                          |
| 4. |  |     |        |                          |

C. (i) Do you plan to bring your family to the Seminary if family accommodation is available?

(ii) Is your spouse applying to any course at the seminary? Yes/No  If yes, File number: \_\_\_\_\_ Course: \_\_\_\_\_

(iii) Is your spouse planning to take some courses according to her/his qualification at UBS? Yes/No  If no, give reasons:

(iv) Is there any health problem in your family? Yes/No  If yes, give details:

17. Of which local church are you a member? Give Name and Address:

Name of the church:

Full Address:

|                |        |          |           |
|----------------|--------|----------|-----------|
| City/District: | State: | Country: | Pin code: |
|----------------|--------|----------|-----------|

The period of your membership:

18. The name of your denomination and the place of its headquarters:

**Is your Denomination a member of Union Biblical Seminary Association Yes/No**

|   |      |       |      |
|---|------|-------|------|
| 19. Are you Ordained? Yes/No <input type="checkbox"/> If yes, the date of ordination: | Date | Month | Year |
|   |      |       |      |

**Note:** 1. Married quarters are available only for immediate family not for other dependants.  
 2. Candidates are required to complete the medical form/s as well.

20. Educational qualifications (All applicable columns must be filled)

| Examination passed                | Name & Place of Board/College/University | Subjects/Majors (Where applicable) | Year of completion | Name of Diploma/Degree received | Class/Division |
|-----------------------------------|--|------------------------------------|--------------------|---------------------------------|----------------|
| 10th                              |  |                                    |                    |                                 |                |
| +2/Pre-University/ (Specify)      |  |                                    |                    |                                 |                |
| Degree (Specify)                  |  |                                    |                    |                                 |                |
| Post Graduate (Specify)           |  |                                    |                    |                                 |                |
| Technical/Professional/ (Specify) |  |                                    |                    |                                 |                |
| Other                             |  |                                    |                    |                                 |                |

21. Give details of work experience done since leaving High School/College

| Type of work | Christian ministry/secular | Duration | Supervisor/Employee |
|--------------|----------------------------|----------|---------------------|
|              |                            |          |                     |
|              |                            |          |                     |
|              |                            |          |                     |
|              |                            |          |                     |
|              |                            |          |                     |

22. Your present occupation and position:

23. Awards/prizes/recognitions, if any received in sports, games, music, art work, literary activity, drama etc.:

24. Have you ever had to discontinue any course, work or studies? Yes/No  If yes , give reasons:

25. Do you have any financial debts? Yes/No  If yes how much?

26. Have you applied for sponsorship to your church/denomination/organization or any other? Yes/No

a. If yes, what is the response (✓only one)

|   |  |  |
|---|--|--|
| <input type="radio"/> Sponsor as well as support financially. | <input type="radio"/> Sponsor but not support financially. | <input type="radio"/> Neither sponsor nor support financially. |
|---|--|--|

b. If no, give reasons:

c. How will you support yourself?

**Note:** If officially sponsored (though not financially supported) a copy of the official resolution of the sponsorship body should be enclosed.

27. Give the names and complete addresses of the following persons. (If any of the listed below are your closest relatives, state relationship)

a. Your Pastor:

Full Address:

|                  |            |          |           |
|------------------|------------|----------|-----------|
| City/District:   | State:     | Country: | Pin code: |
| Contact number:- | Area Code: | Number:  | Mobile:   |

Email:

b. An official of your Church/Mission/Organization: who knows you very well.

Name:

Full Address:

|                  |            |          |           |
|------------------|------------|----------|-----------|
| City/District:   | State:     | Country: | Pin code: |
| Contact number:- | Area Code: | Number:  | Mobile:   |

Email:

c. A responsible Christian leader of your state, who knows you well, (other than a church, official and not a relative):

Full Address:

|                  |            |          |           |
|------------------|------------|----------|-----------|
| City/District:   | State:     | Country: | Pin code: |
| Contact number:- | Area Code: | Number:  | Mobile:   |

Email:

d. A responsible Christian friend/employee/teacher:

Full Address:

|                  |            |          |           |
|------------------|------------|----------|-----------|
| City/District:   | State:     | Country: | Pin code: |
| Contact number:- | Area Code: | Number:  | Mobile:   |

**28. Entrance/Qualifying Examination:**

All applicants must write an entrance/qualifying examination & also appear for a personal interview in the month of January at one of the centers nearest to your place. The list will be sent later.

29. Talents:

♦Do you play any musical instruments or sing in a church choir or in any other group? Yes/No  If yes, give details:

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♦Can you drive any vehicle? Yes/No  If yes, give details. Do you have driving license? Yes/No

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♦Have you excelled in any games? Yes/No  If yes, give details:

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♦What are your hobbies?

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♦Do you have experience with computers/accounting/office work/library/any other? Give details:

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♦Any other information that you would like to give concerning your talents or experiences?

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**30. Has anyone from your family studied at UBS? Yes/No  If yes**

| Name of the person: | Year: | Program: | Relationship: |
|---------------------|-------|----------|---------------|
| 1.                  |       |          |               |
| 2.                  |       |          |               |
| 3.                  |       |          |               |

**31. Give your reasons for choosing to apply particularly to UBS for your studies?**

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**DECLARATION AND PLEDGE**

I, \_\_\_\_\_ (name in full) declare that all informations given above are true and correct. I promise that, if admitted to the seminary:

- a. I shall fully cooperate in maintaining the high academic standard UBS keeps.
- b. I shall endeavor my best to keep the spirit of unity and love UBS stands for.
- c. I shall cede to the right of the Seminary Administration the right to take any appropriate disciplinary action against me, if my behaviour, character or doctrines of faith do not conform to the expectations of the Seminary.

**Place:**

**Date:**

**Signature of Applicant:**

## Union Biblical Seminary

P.O. Box-1425, Bibvewadi, Pune-411037, Maharashtra, India  
Phone No.:(020)24218829, 24218670, Fax No.:0091-20-24215471

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### INSTRUCTION SHEET FOR APPLICANTS FOR ADMISSION

**Note:** Applications will not be considered by the Admission Committee until the following have been received.

1. Application form and Rs. 300/- application fee (plus Rs. 20/-) if application is sent after November 15. **Applications will not be processed until the fee is received.**
2. Two copies of a recent passport size photograph.
3. Photocopies (attested) of Birth Certificate, all Academic records (Mark sheets and Degree Certificates), Transfer Certificate, Migration Certificate & Character Certificate.
4. Original copies should be submitted to the Registrar at the time of registration. Those who have already graduated must submit the Migration Certificate. Otherwise student will not be registered.
5. All four letters of recommendation. These letters should be written on the enclosed special forms and sent directly to the Registrar of UBS.
6. The candidate's own statement on the prescribed form regarding his/her experience of personal commitment to Christ and call to Christian Ministry.
7. Medical Certificate from a qualified medical practitioner. This should be on the prescribed form and sent to the Registrar of UBS.
8. Financial Statement by Sponsor body/Organization/Church.

**Kindly make four copies of this form**  
**UNION BIBLICAL SEMINARY**  
**LETTER OF RECOMMENDATION**  
**Strictly Confidential**

To be sent to: Registrar  
Union Biblical Seminary, P.O. Box-1425, Bibvewadi, Pune-411037, Maharashtra (India)  
Phone No.:(020)24218829, 24218670, Fax No.:0091-20-24215471

**Name of Applicant :**

**Name of Referee :**

As the Seminary is training men and women for a lifetime of Christian work and ministry, it needs to take the utmost care in selecting applicants. Therefore please give adequate information on the applicant's strengths and weaknesses, which is very important for decision making. If you need extra space for any item, please use a separate sheet of paper. All information given will be treated strictly confidential. Please send your reply promptly and directly to the Registrar of UBS.

Thank you for your help.

1. How long have you known the applicant?

2. In what capacity have you known him/her? (e.g. employer, pastor, relative etc. If you are a blood relation, state the relationship.)

3. Do you know why the applicant wants to come to this seminary?

4. What do you know about the applicant's personal commitment to Christ?

5. In what ways has the applicant been involved in the life of his/her congregation and/or other Christian work?

6. What gifts do you think the applicant has shown that might be useful in Christian Service?

(P.T.O.)

7. All people have weaknesses. What do you think are the main areas of weakness in the applicant's life?

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8. Give your opinion of the applicant's character (including what you know of his/her general maturity and stability, relationships with others, honesty and reliability, moral standards and relevant points.)

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9. Give your opinion of the applicant's health (keeping in mind the hard work and emotional pressures which he/she will face in the Seminary and in future Christian ministry.)

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10. Are there any problems in the applicant's family (opposition from parents, a relative's bad health, lack of finance or anything else) which might affect his/her studies?

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11. Please tick one:

- I recommend the candidate very highly.
- I recommend the candidate.
- I recommend the candidate with certain hesitations.
- I do not recommend the candidate.

|                 |                   |                     |         |
|-----------------|-------------------|---------------------|---------|
| <b>Date:</b>    | <b>Signature:</b> | <b>Designation:</b> |         |
| Full Address:   |                   |                     |         |
| City/District:  |                   | State:              |         |
| Country:        |                   | Pin code:           |         |
| Contact number: | Area code:        | Number:             | Mobile: |
| Email:          |                   |                     |         |



3. a. List at least five personal characteristics of Christian worker (Pastor, Evangelist etc.)

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b. Describe in three sentences your understanding of the nature of his/her ministry.

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4. List three main expectations you have through the Seminary Education.

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

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6. What type of Christian ministry do you hope to do when you complete your seminary training?

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7. Why did you select Union Biblical Seminary, Pune for your training?

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8. What are some of the strengths and weaknesses of theological education today?

Note: To be answered only by applicants who have already studied for sometime in a Bible/theological college.)

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Date:

Signature:

**UNION BIBLICAL SEMINARY  
MEDICAL FORM FOR APPLICANT**

(A married applicant should ask for another form or make a copy for his/her spouse)

Dear Doctor,  
Please mail this form directly to the Registrar,  
Union Biblical Seminary, P.O. Box-1425, Bibvewadi, Pune-411037, Maharashtra (India)  
Phone No.:(020)-24218829, 24218670, Fax No.:0091-20-24218670

Name of Applicant:

Date of Birth: Gender:

Height: Weight:

Marital Status:

General: ENT: Eyes:

Skin: Skeletal:

CVS: R.S.:

Abdomen: CNS:

**Family History**

Blood dyscrasia: Diabetes:

Hypertension: Asthma:

**Past**

Juandice: Operations:

Fits: Long term treatment:

Allergy to any drugs:

Intolerance or allergy to any food:

**Laboratory Reports**

Hemoglobin: Serology:

Urine: Stool:

Chest X-ray/Screen

**Immunization (given dates)**

Typhoid: Tetanus: Cholera:

Past treatment & recommendation:

Doctor's recommendation for the study:

**Date:**

**Signature of the Doctor:**

Full Address:

|                |        |          |           |
|----------------|--------|----------|-----------|
| City/District: | State: | Country: | Pin code: |
|----------------|--------|----------|-----------|

|                 |            |         |         |
|-----------------|------------|---------|---------|
| Contact number: | Area code: | Number: | Mobile: |
|-----------------|------------|---------|---------|

Email:

**UNION BIBLICAL SEMINARY**  
**FINANCIAL STATEMENT BY SPONSOR**

(Please note that all columns are to be filled, **with the amounts**. Otherwise it is not valid. Wherever it is not applicable, please indicate like wise, **specially in case of columns 2,3,4**)

Please send this to: Registrar  
Union Biblical Seminary, P.O. Box-1425, Bibvewadi, Pune-411037, Maharashtra (India)  
Phone No.:(020)24218829, 24218670, Fax No.:0091-20-24215471

To the sponsor: In consultation with your student and the fee structure applicable to your student please fill in as specifically as possible and SIGN the statement. Payments to the student towards allowances and our bill to you will be made accordingly.

Name of Student (in block letter): \_\_\_\_\_

Course: BD  M.Div.  M.Th.  D.Th.  Short term

Name of Sponsor: Give the name of the individual or church or organization, whichever is appropriate.

\_\_\_\_\_

I am prepared to pay fees as follows: (Please write in figures)

1. Fees Required by the Seminary \_\_\_\_\_  
Include Tuition, Food, Room & Utilities, Registration, Examination, Medical, General Fee (for Library, Sports etc.) Student Association Fee.

2. Fee Recommended by the Seminary: (Specify amount approved)

- a. Book Allowance per year Rs. \_\_\_\_\_
- b. Pocket money per month Rs. \_\_\_\_\_ (Single Student)
- c. Stipend per month Rs. \_\_\_\_\_ (Married Student)
- d. Medical expenses (actual) Rs. \_\_\_\_\_ (Please tick this or specify the amount)

3. Optional items (Specify, if any):

- a. Travel: Opening & close of school year \_\_\_\_\_ Amount Rs. \_\_\_\_\_
- b. Travel: Christmas vacation \_\_\_\_\_ Amount Rs. \_\_\_\_\_
- c. Stationery: \_\_\_\_\_ Amount Rs. \_\_\_\_\_

**Note:** Under no circumstances will the Seminary be able to advance funds.

4. SPECIAL items to be paid (Specify item and amount, if any): Rs. \_\_\_\_\_

♦1. I hereby undertake to support the above student for the entire period of study at Union Biblical Seminary by arranging to transfer either in full or installments as per provision made in rules, on or before the specified dates.

♦2. I hereby undertake to support the above student for the entire period of: (✓ one)

One year  Two years  Three years  Four years

(Applicable for B.D./M.Div./M.Th./D.Th. & Short term course)

Date: \_\_\_\_\_ **Sponsor's Signature** \_\_\_\_\_

**Sponsor's Position** \_\_\_\_\_

**(Sponsor's seal)**

Name and address of Person to whom bill should be sent for payment (in block letters)

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

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

City/District: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Pin code: \_\_\_\_\_

Contact number: \_\_\_\_\_ Area code: \_\_\_\_\_ Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**GUIDELINES FOR FEES**  
**For B.D./M.Div./M.Th./D.Th.**

**1. Required Fees:** It's a compulsory fees, which every single student should pay.

|   | Rs. | B.D./M.Div. |           | M.Th.     |           | D.Th.     |           |
|---|-----|-------------|-----------|-----------|-----------|-----------|-----------|
|   |     | Single      | Married   | Single    | Married   | Single    | Married   |
| Tuition Fees                                  | Rs. | 30,000.00   | 30,000.00 | 32,000.00 | 32,000.00 | 45,000.00 | 45,000.00 |
| Board   | Rs. | 9,000.00    | -         | 9,000.00  | -         | 9,000.00  | -         |
| Room & Utilities                              | Rs. | 5,000.00    | 8,000.00  | 7,000.00  | 20,000.00 | 12,000.00 | 20,000.00 |
| Registration                                  | Rs. | 70.00       | 70.00     | 70.00     | 70.00     | 70.00     | 70.00     |
| Examination                                   | Rs. | 100.00      | 100.00    | 100.00    | 100.00    | -         | -         |
| Medical                                       | Rs. | 60.00       | 80.00     | 60.00     | 80.00     | 60        | 80        |
| Class Room & other facilities @50/- per month | Rs. | 500.00      | 500.00    | 500.00    | 500.00    | 500.00    | 500.00    |
| UBSSA & General Fees                          | Rs. | 80.00       | 80.00     | 80.00     | 80.00     | 80.00     | 80.00     |
| General                                       | Rs. | 130.00      | 130.00    | 130.00    | 130.00    | 130.00    | 130.00    |
| Picnic & other sp. function                   | Rs. | 300.00      | 300.00    | 300.00    | 300.00    | 300.00    | 300.00    |
| Caution Deposit                               | Rs. | 1,500.00    | 5,000.00  | 1,500.00  | 5,000.00  | 1,500.00  | 5,000.00  |
| Senate of Serampore Fees                      | Rs. | 1,040.00    | 1,040.00  | 1,490.00  | 1,490.00  | 1,170.00  | 1,170.00  |
| Library Fees                                  | Rs. | 1,800.00    | 1,800.00  | 2,200.00  | 2,200.00  | 3,000.00  | 3,000.00  |
| Admission Processing Fees                     | Rs. | 300.00      | 300.00    | 300.00    | 300.00    | -         | -         |

**2. Recommended Fees:**

|   | Rs. | B.D./M.Div. |           | M.Th.    |           | D.Th.     |             |
|---|-----|-------------|-----------|----------|-----------|-----------|-------------|
|   |     | Single      | Married   | Single   | Married   | Single    | Married     |
| Book Grant                                      | Rs. | 1,800.00    | 1,800.00  | 2,700.00 | 2,700.00  | 10,000.00 | 10,000.00   |
| Pocket Money: Rs. 500/- per month for 11 months | Rs. | 5,500.00    | 37,400.00 | 5,500.00 | 37,400.00 | 33,000.00 | 1,10,000.00 |
| Stipend   | Rs. | -           | 1,400.00  | -        | 1,400.00  | -         | 6,000.00    |
| City Allowance                                  | Rs. | -           | 1,000.00  | -        | 1,000.00  | -         | 1,000.00    |
| Children Allowance: (per child)                 | Rs. | -           | 500.00    | -        | 500.00    | -         | 3,000.00    |

**Note: The above is recommended allowance by UBS but it's subject to change time to time. Please refer Fees Structure.**

**3. Medical:**

It should be paid to the student as per the actual expenses of the medical treatment taken by the student. The Sponsor should clearly mention that incase of major emergency treatments i.e. surgery etc., if the expenses will be paid by the Sponsor.

**4. Travel:**

The Sponsor can pay the student/s train/bus fares for the Christmas and Summer vacation.

**Note: The above Fees are SUBJECT TO CHANGE.**