



## UNION BIBLICAL SEMINARY

## FINANCIAL STATEMENT FORM

(Please note that all columns are to be filled with the amounts. Wherever it is not applicable, please indicate likewise, specifically in case of columns 2, 3, and 4)

*To be sent to: Registrar*

UNION BIBLICAL SEMINARY, P.O. BOX-1425, BIBVEWADI  
PUNE-411037, MAHARASHTRA, INDIA  
TELEPHONE: (020) 24211747, 24211203, 24218829 FAX: (020) 24215471

**To the sponsor: Please check the Seminary fee structure before you fill up the forms.**

Name of the Candidate (in block letter): \_\_\_\_\_

Please  only one: Course: (a) 4 years B.D. (b) M. Th. (c) D. Th.

Name of Sponsor: \_\_\_\_\_

I/We undertake to pay the full fees for the Candidate to be enrolled in the above selected Course:  
(Please write in figures)

1. Fees Required by the Seminary: Rs. \_\_\_\_\_

Include Tuition, Food, Room & Utilities, Registration, Examination Medical, General Fee (for Library, Sports etc.), Student Association Fee etc.,

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

a.	Book Allowance per year	Rs.	
b.	Pocket money per month	Rs.	(for Single Student)
c.	Stipend per month	Rs.	(for Married Student)
d.	Medical expenses (actual)	Rs.	(Please 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)

(i) One year (ii) Two years (iii) Three years (iv) Four years

(Applicable for B.D. /M. Th. / D. Th. 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: 

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Contact number: Area code: \_\_\_\_\_ Land Line: \_\_\_\_\_ Mobile number: \_\_\_\_\_

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