

UNION BIBLICAL SEMINARY
REFERENCE FORM
Strictly Confidential

FORM (a-2)

To be sent to : Registrar

Union Biblical Seminary, P.O. Box-1425, Bibvewadi, Pune-411037, Maharashtra (India)

Phone No.: (020) 24211747, 24211203, 24218829, Fax No.: (020) 24215471

Name of Applicant: _____

Name of Referrer: _____

As the Seminary is training men and women for a lifetime of Christian work and ministry, it needs to take utmost care in selecting candidates. Therefore please fill up the following form to help us make the right decision. If you need extra space for any item, please use a separate sheet of paper. Any information given will be treated strictly confidential. Please send the filled form 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 UBS?

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 possesses that might be useful in Christian service?

7. All people have weaknesses. What in your observations are some of the weaknesses of the applicant?

8. Kindly give your assessment of his/her general maturity and stability, ability to relate to others, honesty and reliability, moral standard and any other relevant information.

9. How is the applicant's health?

10. Do you know of any issues the applicant faces (like opposition from parents, a relative's bad health, financial issues or anything else) which might affect his/her studies?

11. Please \surd only one:

- a. I recommend the candidate very highly.
- b. I recommend the candidate.
- c. I recommend the candidate with certain hesitations,
- d. I do not recommend the candidate.

Name	Signature	Designation	Date
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Full address:

City: _____ District: _____ State: _____ Country: _____

Pin code:

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Contact number: Area code: _____ Land Line: _____ Mobile: _____

Email: _____