

UNION BIBLICAL SEMINARY
BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

Application for the Admission of Master of Divinity
INSTRUCTIONS AND LIST OF DOCUMENTS TO BE SUBMITTED
(Kindly attach this sheet along with your application)
Academic Year: 2019-2020

Name: _____

Application no.: _____

(Given by the office)

Admission sought for: (✓ one) - 3 years M.Div / 2 years M.Div

SN	Required Documents	Yes	No
1.	Duly filled Application Form		
2.	Reference forms: 1/2/3 (to be directly submitted by those whose names are mentioned in the application form in page no. 4)		
3.	Sponsor's Letter (for sponsored candidates)		
4.	Recommendation Letter from Church / Organization		
5.	Personal Statement form		
6.	Medical form		
7.	Financial Statement form		
8.	Salary Slip / Salary Certificate / Last one-year Bank Statement of Parents/ Spouse/Sponsor		
9.	Birth Certificate		
10.	Conduct Certificate from the previous educational institution		
11.	10 th Mark List		
12.	10 th Certificate		
13.	+2 / Pre-University Mark List		
14.	+2 /Pre-University Certificate		
15.	Degree Mark List: Secular/Theology		
16.	Degree Certificate: Secular/Theology		
17.	Post Graduate Mark List: Secular/Theology		
18.	Post Graduate Certificate: Secular/Theology		
19.	Two Passport size photographs		
20.	Aadhar Number copy		
21.	Medical Insurance copy (if any)		

Note:

1. Application fee – Rs. 700/-; Late fee – Rs. 500/-
2. Last date for submitting the application form (without late fee): November 30, 2018.
3. Last date for submitting the application form (with late fee of Rs. 500/-): December 10, 2019.
4. The application fee and late fee are not refundable.
5. The applicant is requested to fill all columns.
6. Applications will not be considered by the Admission Committee until the required documents have been received.
7. One set of attested photocopies of all academic certificates to be submitted along with the application form. The originals need to be submitted to the Registrar at the time of Registration.
8. You will be sent a confirmation email after your completed application is received at the Admissions office. You have to add admissions@ubs.ac.in to your email addresses in order to avoid spam filters

For Office use:

1. Application fee /late fee Rs. _____ Receipt no.: _____ Date: _____

2. Entrance exam fee Rs. _____ Receipt no.: _____ Date: _____

Application form dispatched on: _____ Application form received on: _____

UNION BIBLICAL SEMINARY

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

TELEPHONE: (020) 24211747, 24211203, 24218829

FAX: (020) 24215471

Email: admissions@ubs.ac.in/registrar@ubs.ac.in

(Accredited with Asia Theological Association)

APPLICATION FOR ADMISSION

Academic Year 2019 - 2020

A recent
Photograph

Admission sought for: (✓ One)

- 3 years M.Div. (for candidates with a degree from a recognized university)
- 2 years M.Div. (for candidates with an ATA B.Th. having secured minimum B grade)

1. Full Name: _____
(in block letter as per your academic records)

2. Gender: _____

3. Date of Birth: _____

3a. Age: _____

4. Marital Status: _____

4a. Date of Marriage: _____

5. Nationality: _____

6. Name of State/UT: _____

7. Mother Tongue: _____

8. Other Languages you know:

Speak	Read	Write

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

Examination Passed (specify)	Name and Place of Board/College/University	Subjects/Major <small>(Where applicable)</small>	Year of Completion	Name of Diploma/Degree	Class/Division
10 th					
+2/Intermediate					
Graduate					
Post Graduate					
Other					

10. Are you writing any Qualifying Examination?

Yes/No If yes, specify: _____

11. Entrance Exam: (Please choose any one center)

- New Delhi (11th and 12th January 2019)
- Chennai (25th and 26th January 2019)
- Patkai, Dimapur (8th and 9th February 2019)
- UBS, Pune (14th and 15th February 2019)

12. Permanent address (Full)

City: _____ District: _____ State: _____
Pin code: _____

13. Correspondence address (Full)

City: _____ District: _____ State: _____
Pin code: _____
Contact number: Area code: _____ Land Line: _____ Mobile: _____
Email Id: _____

14. Family information:

A.	For Unmarried Candidates	Occupation Father/Guardian: Mother/Guardian:
	Name and Address of Father/Guardian	
B.	For Married Candidates	Occupation Spouse:

Name and Address of Spouse:				
	Names of children	Age	Gender	Occupation

15. (i) Do you plan to bring your family if family accommodation is available? Yes / No
(ii) Is your spouse applying for any course of study at the seminary? Yes / No If yes, course: _____
(iii) Is there any health problem in your family? Yes / No
If yes, give details:

16. Of which local church are you a member? _____

- (i) The period of your membership: _____ (ii) Address of your Church (full)

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

Pin code: _____

Contact number: Area code: _____ Land Line: _____

Email Id: _____

- (iii) Is your Denomination a member of Union Biblical Seminary Association? Yes / No:

(iv) Are you ordained? Yes / No If yes, the date of ordination: _____

17. Your present occupation and position: _____

18. List the co-curricular Activities you have participated at school/college level:

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

20. Are you sponsored by any Church / Organization? Yes / No

If no, state how you are planning to support yourself financially

21. Give the names and position of your referrers (who will fill the 3 a-2 forms).
 (Referrers need to be: (1) Your pastor of the local church; (2) A teacher under whom you studied in school/college; (3) A lay person responsible in your church. Referrers must not be your relatives)

1. _____
2. _____
3. _____

22. Has anyone from your family studied at UBS? Yes / No If yes:

	Name	Year	Programme	Relationship
1.				
2.				
3.				

23. Give your reasons for choosing to apply to UBS for your studies?

24. Personal Statement of Christian Experience and Commitment to Christ: Use a separate sheet of paper to write in about 1000 words (2 pages) on the following:

- a. Your Christian Experience
- b. The place of Bible in your life
- c. On your practice of church worship, quiet time and witnessing Christ
- d. The main expectations you have through the seminary education
- e. What type of Christian ministry do you hope to do when you complete your seminary training?

DECLARATION AND PLEDGE

I, _____ (name in full) declare that all information/s given above are true and correct. I promise that, if admitted to the seminary, I shall fully obey the rules and regulations of the Seminary and that I shall cede to the Seminary Administration the right to take any appropriate disciplinary action against me, if my behavior, character or doctrines of faith do not conform to the expectations of the Seminary.

 Signature of the Applicant

 Place

 Date

UNION BIBLICAL SEMINARY

REFERENCE FORM

Strictly Confidential

To be sent to: Registrar

UNION BIBLICAL SEMINARY, BIBVEWADI

PUNE-411037, MAHARASHTRA, INDIA

TELEPHONE: (020) 24211747, 24211203, 24218829 FAX: (020) 24215471

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.

Name of Applicant: _____

Name of Referrer: _____

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. Is the applicant fit for undergoing rigorous theological training?

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 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

Full address:

City: _____ District: _____ State: _____

Pin code: _____

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

Email: _____

UNION BIBLICAL SEMINARY

MEDICAL FORM

(A married applicant should submit for his/her spouse separately)
 UNION BIBLICAL SEMINARY, BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA
 TELEPHONE: (020) 24211747, 24211203, 24218829 FAX: (020) 24215471

Name of Applicant: _____

Gender: _____ Date of Birth: _____ Marital Status: _____

General Physical Examination

Height:	Weight:
BP:	P/R:

Systemic Examination

ENT:	Eyes:
Skin	Skeletal:
CVS:	R.S.:
Abdomen:	CNS:

Past/Present H/O Illness

Hypertension:	Seizure disorders:
Diabetes:	Major operations:
Asthma:	Any other chronic illness:
History of allergy to drugs/food etc.	
Family History (HTN, DM, Mental Illness, Etc.):	

Lab Examination with Reports

Blood Group:	HIV:
HBsAg:	RBS:
Chest X-ray (if needed):	MP test (for Malaria endemic areas)

Any recommendation by the examiner?

Is the applicant fit for a rigorous course of study?

Name of the Doctor with Reg. No. _____

Signature _____

Date: _____

Seal _____

Full address: _____

City: _____ District: _____ State: _____

Pin code: _____

Email: _____

Contact number: Land Line: _____ Mobile: _____

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
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) M.Div (Three Years) (b) M.Div (Two Years)

Name of Sponsor: _____

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

(Applicable for M.Div. course)

Date: _____

Sponsor's Signature: _____ Sponsor's Position: _____ (Sponsor's Seal)

Name and address of the 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: _____ Land Line: _____ Mobile number: _____

Email Id: _____

UNION BIBLICAL SEMINARY

SPONSOR'S UNDERTAKING

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

TELEPHONE: (020) 24211747, 24211203, 24218829 FAX: (020) 24215471

Name of the Sponsored Candidate: _____

Sponsor's Name: _____

(Individual, Church and Organization)

Full address: _____

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

Pin code: _____

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

Fax number: _____

Email Id: _____

COURSE: **(i) M.Div (Three Years)**

(ii) M.Div (Two Years)

I/We hereby declare that I/We agree to: (please indicate one of the following statements by √)

- Support the candidate financially during his/her studies for this Degree and intend to employ him/her upon the completion of his/her studies.
- Support the candidate financially during his/her studies for this Degree, but we may not employ him/her upon the completion of his/her studies.
- Intend to employ the candidate upon the completing of his/her studies at UBS but are unable to support him/her financially during his/her studies.
- Recommend the candidate for studies at UBS but are unable either to support him/her financially or employ him/her upon the completion of his/her studies.

I/We also agree to withdraw my/our sponsored candidate from the Seminary at any point during his/her study at UBS in the event of any activity by the candidate that is detrimental to the smooth running of the seminary and any disciplinary complaint from the Seminary authorities.

Please complete and return this form to the Academic Office as soon as possible.

Date: _____

SIGNATURE OF THE SPONSOR

SIGNATURE OF THE CANDIDATE

SPONSOR'S DESIGNATION

OFFICIAL SEAL