

## **UNION BIBLICAL SEMINARY**

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

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### **INSTRUCTION SHEET**

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

- 1. Duly filled Application form.**
- 2. Application fee of Rs. 700/- (Rs. 1200/- if application is received after November 30<sup>th</sup>.)**
- 3. Two copies of a recent passport size photograph.**
- 4. Copies of the Salary Slip/Salary Certificates and last one year Bank Statement of parents / spouse / sponsor.**
- 5. Copy of the Sponsoring-body's resolution to sponsor the candidate (applicable only for sponsored candidates).**
- 6. Attested photocopies of:-**
  - (i) Birth Certificate**
  - (ii) Consolidated Mark sheet / Transcript**
  - (iii) Degree Certificates**
  - (iv) Transfer / Migration Certificate**
  - (v) Character Certificate**

**(Originals need to be submitted to the Registrar at the time of Registration. Students will not be registered unless they submit all the above required documents.)**
- 7. Four reference letters in the prescribed form (form a-2) to be sent by the referrers directly to the Registrar.**
- 8. Duly filled personal statement form (a-3)**
- 9. Medical Certificate from a qualified medical practitioner in the prescribed form(a-4)**
- 10. Financial Statement by Sponsoring-body/Organization/Church form (a-5)**
- 11. Sponsor's undertaking (a-6)**

## Check List of Required Documents during the submission of your Application

(Kindly attach this sheet also along with your application)

Academic Year: 201\_\_ - 201\_\_

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

Application no.: \_\_\_\_\_

(Given by the office)

Admission sought for: DTh in

Old Testament / New Testament / Christian Theology

S.N.	Required Documents	Yes	No
1.	Reference forms : 1/2/3/4 (to be given only to those people whose name you will be mentioning in the application form in page no. 4)		
2.	Sponsor's Letter (for sponsored candidates)		
3.	Recommendation Letter from Church / Organization		
4.	Personal Statement form		
5.	Medical form		
6.	Financial Statement form		
7.	(a) Salary Slip / Salary Certificate & (b) Last one year Bank Statement of Parents/ Spouse/Sponsor		
8.	Birth Certificate		
9.	Caste Certificate		
10.	Character Certificate		
11.	10 <sup>th</sup> Mark List		
12.	10 <sup>th</sup> Certificate		
13.	+2 Mark List		
14.	+2 Certificate		
15.	Pre-University Mark List		
16.	Pre-University Certificate		
17.	Degree Mark List: B.A./B. Sc./B. Com./B.C.A./B.B.M./B. Tech./B.E.		
18.	Degree Certificate: B.A./B. Sc./B. Com./B.C.A./B.B.M./B. Tech./B.E		
19.	Post Graduate Mark List: M.A/M.Sc./M.Com./M.Ed./B.Ed./M.C.A./M.Thech./M.B.A./M.E.		
20.	Post Graduate Certificate: M.A/M.Sc./M.Com./M.Ed./B.Ed./M.C.A./M.Thech./M.B.A./M.E.		
21.	Transfer Certificate / Migration Certificate*		
22.	B.Th./B.D./M.Div./M. Th. Transcript (Senate / ATA / College)		
23.	B.Th./B.D./M.Div./M. Th. Degree Certificate (Senate / ATA / College)		
24.	Two Passport size photographs		

**Note:**

1. Last date for submitting the application form (without late fee): November 30, 201\_\_.
2. Last date for submitting the application form (with late fee of Rs. 500/-): December 10, 201\_\_.
3. Two sets photocopies of all educational certificates needs to be submitted during the time of Registration; at least one of which is attested by competent authorities.

**For Office use:**

- |                                     |                    |             |
|-------------------------------------|--------------------|-------------|
| 1. Application fee Rs. _____        | Receipt no.: _____ | Date: _____ |
| 2. Application fee (late) Rs. _____ | Receipt no.: _____ | Date: _____ |
| 3. Entrance exam fee Rs. _____      | Receipt no.: _____ | Date: _____ |

Application form dispatched on: \_\_\_\_\_

Application form received on: \_\_\_\_\_

# UNION BIBLICAL SEMINARY

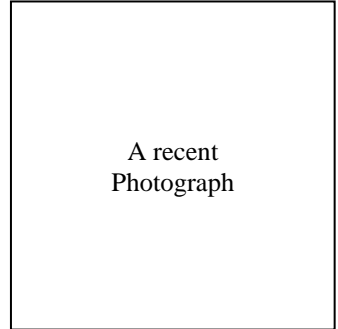
P.O. BOX-1425, BIBVEWADI  
PUNE-411037, MAHARASHTRA, INDIA  
TELEPHONE: (020) 24211747, 24211203, 24218829  
FAX: (020) 24215471

Email: [admissions@ubs.ac.in](mailto:admissions@ubs.ac.in)/[registrar@ubs.ac.in](mailto:registrar@ubs.ac.in)  
(A Post-Graduate College affiliated to Senate of Serampore College/University  
and accredited by Asia Theological Association)

## APPLICATION FOR ADMISSION

Academic Year 20\_\_\_\_ - 20\_\_\_\_

Admission sought for: DTh in  
Old Testament / New Testament / Christian Theology



### NOTE:

- Last date of application without late fee: 30<sup>th</sup> November
- Last date of application with late fee (of Rs. 500/-): 10<sup>th</sup> December
- The application fee and late fee are not refundable.
- The applicant is requested to fill all columns. Avoid misleading statements.

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

2. Gender: Male/Female

3. Date of Birth: 

Date		Month		Year			

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

5. Date of Marriage: 

Date		Month		Year			

6. Present Age: \_\_\_\_\_ years

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

**13. Permanent address (Full)**

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City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Pin code: 

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**14. Correspondence address (Full)**

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City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Pin code: 

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

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

**Note:** (You will be sent a confirmation email after your completed application is received at the Admissions office. You have to add admissions@ubs.in to your addresses in order to avoid spam filters).

**15. Family information:**

<b>A.</b>	<b>For Unmarried Candidates</b>			<b>Occupation of</b>
	<b>Name and Address of Father/Guardian</b>			<b>Father:</b>
				<b>Mother:</b>
			<b>Name of Mother:</b>	
	<b>Names of siblings</b>	<b>Age:</b>	<b>Gender</b>	<b>Occupation</b>
<b>B.</b>	<b>For Married Candidates</b>			<b>Occupation of</b>
	<b>Name and Address of Spouse:</b>			<b>Spouse:</b>
	<b>Names of children</b>	<b>Age:</b>	<b>Gender</b>	<b>Occupation</b>

**16. (i) Do you plan to bring your family to the Seminary 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:

\_\_\_\_\_

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

\_\_\_\_\_

(i) The period of your membership: \_\_\_\_\_ (ii) Address of your Church (full)

\_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Pin code:

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

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

(iii) Your Church / Denomination, with full address:

\_\_\_\_\_

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

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

Date	Month	Year			

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

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

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

Type of work	Christian ministry/secular	Duration	Supervisor/Employer

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20. Your present occupation and position: \_\_\_\_\_

21. Awards/prizes/recognition, if any received in sports, games, music, art work, literary activity, drama etc.: \_\_\_\_\_

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

23. Do you have any financial debts? Yes / No If yes, how much? \_\_\_\_\_

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

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

(i) Sponsor as well as support financially.

(ii) Sponsor but not support financially.

(iii) Neither sponsor nor support financially.

b. If no, give reasons. State also how you are planning to support yourself financially

\_\_\_\_\_

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

25. Give the names and position of your referrers (who fill the 4 a-2 forms).  
(Referrers must not be your relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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

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

\_\_\_\_\_

28. Have you excelled in any games? Yes / No If yes, give details: \_\_\_\_\_

29. What are your hobbies:

\_\_\_\_\_

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

\_\_\_\_\_

31. Are there any other information's that you would like to give concerning your talents or experience?

\_\_\_\_\_

32. Academic Activities:-

(i) List the subjects/papers which you did in the M. Th. degree course that belongs to the D.Th. Branch for which you are applying.

<b>Sr. No.</b>	<b>Name of the papers/subjects</b>	<b>Grade</b>

(ii) Did you write the D. Th. qualifying examination of the Senate? Yes/No If yes, give details:

<b>Sr. No.</b>	<b>Name of the papers/subjects</b>	<b>Grade</b>

(iii) In you M. Th. course, did you do a research paper/thesis? Yes/No If yes, state the title and give a brief synopsis (about 100 words)

(iv) Have you published any article(s) or book(s) either in English or in a regional language? Yes/No If yes, give details and send a copy of the published

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(v) Have you translated any articles(s) or books(s) Yes/No If yes, give details:

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(vi) Have you translated any portion of the Bible into a regional language? Yes/No If yes, give details

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(vii) Give any other relevant information that you would like to give regarding your academic journey/experience/performance:

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(viii) Have you read the Senate of Serampore's regulations concerning D. Th. studies and are you aware of the academic demands of the program? Yes/No any remarks:

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**33. Ministry and Leadership Abilities:-**

(i) Before your M. Th. degree studies, were you involved in any form of Christian ministry? Yes/No If yes, give details:

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(ii) While doing your M. Th. degree studies were you involved in extra-curricular activities in your college and/or did you carry any other community responsibility? Yes/No If yes, give details:

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**34. Christian Experience and Commitment:-**

(i) Explain how you became a committed Christian. Mention anything or any event of particular importance in your spiritual experience:

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(ii) What influenced you to commit yourself for ministry (e.g. people, events, etc.)?

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(iii) In your opinion, what is the nature of Christian discipleship in your particular context?

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(iv) What are some of the highlights of your ministry after your M. Th. training?

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(v) How do you understand the authority and relevance of the Bible in the multi-religious context of the Indian Church?

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(vi) What is your concept of the Church? What do you think are the problems and challenges of the Church (especially in India today)?

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(vii) How would you describe the nature of the Church's mission in the world?

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(ix) What type of Christian ministry do you hope to do after you complete your D. Th. course? \_\_\_\_\_

(x) What are some of the strengths and weaknesses of theological education in India today? \_\_\_\_\_

(xi) List the expectations you have of the higher theological education at UBS: \_\_\_\_\_

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

	Name	Year	Program	Relationship
1.				
2.				
3.				

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, P.O. BOX-1425, BIBVEWADI****PUNE-411037, MAHARASHTRA, INDIA****TELEPHONE: (020) 24211747, 24211203, 24218829 FAX: (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?**

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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.

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9. How is the applicant's health?

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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?

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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.

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Name	Signature	Designation	Date
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Full address:

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City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Pin code: 

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

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

**UNION BIBLICAL SEMINARY**

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

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*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**

Name of the Applicant : \_\_\_\_\_  
\_\_\_\_\_

**1. Please write a few lines about your Christian experience.**

(Note: If you need more space, you may write on a separate sheet of paper.)

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**2. What place does the Bible have in your life?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Write a few lines on your Practice of church worship, quiet time and witnessing Christ.**

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**4. List at least five personal characteristics of Christian worker ought to have.**

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**5. List three main expectations you have through the Seminary Education.**

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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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\_\_\_\_\_  
**Signature of the Applicant**

\_\_\_\_\_  
**Place**

\_\_\_\_\_  
**Date**

## UNION BIBLICAL SEMINARY

### MEDICAL FORM

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

UNION BIBLICAL SEMINARY, P.O. BOX-1425, BIBVEWADI

PUNE-411037, MAHARASHTRA, INDIA

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

Dear Doctor,  
Please mail this form directly to the Registrar.

Name of Applicant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Height:	Weight:		
General: ENT:	Eyes:		
Skin:	Skeletal:		
CVS:	R.S.:		
Abdomen:	CNS:		
Family History: Blood dyscrasia:	Diabetes:		
Hypertension:	Asthma:		
Past: Jaundice:	Operations:		
Fits:	Long term treatment:		
Allergy to any drugs:	Intolerance or allergy to any food:		
<b>Laboratory Reports</b>			
Hemoglobin:	Serology:	Urine:	Stool:
Chest X-ray / Screen:		Immunization (given dates)	
Typhoid:	Tetanus:	Cholera:	
Post- treatment & recommendation:			
Is the applicant fit for a rigorous course of study?			

\_\_\_\_\_  
Name of the Doctor

\_\_\_\_\_  
Signature

Hospital Seal

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

Full address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_

Pin code:

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

Contact number: Area code: \_\_\_\_\_ 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, 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) 2 years B.D. (c) M. Th. (d) 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 (v) Five 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: \_\_\_\_\_



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

Sponsor's Name: \_\_\_\_\_

(Individual, Church and Organization)

Full address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Pin code:

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

Fax number: \_\_\_\_\_

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

Name of the Sponsored Candidate: \_\_\_\_\_

COURSE: (i) Five years B.D. (ii) Four years B.D. (iii) M. Th. (iv) D. Th.

I/We hereby declare that I/We agree to

(a) Pay the fees of my/our sponsored candidate as per the Seminary rules.

(b) Withdraw my/our sponsored candidate: \_\_\_\_\_  
from the Seminary at any point in the academic year in the event of:

- (i) Non-payment of fee.
- (ii) Any activity that is detrimental to the smooth running of the Seminary.
- (iii) Cheating / malpractice in examination.
- (iv) Any other disciplinary complaint from the Seminary authorities.

Please complete and return this form to the Academic Office as soon as possible. Without this declaration, the candidate will not be registered.

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

\_\_\_\_\_  
SIGNATURE OF THE CANDIDATE\_\_\_\_\_  
SIGNATURE OF THE SPONSOR\_\_\_\_\_  
SPONSOR'S DESIGNATION

OFFICIAL SEAL