

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

**Application for the Admission of Master of Theology**  
**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 MTh in (✓ one): **Old Testament / New Testament / Christian Theology /**  
**CM-Counselling / Missiology**

S.No.	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 <sup>th</sup> Mark List		
12.	10 <sup>th</sup> 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.	Transfer Certificate / Migration Certificate		
20.	Two Passport size photographs		
21.	Qualifying exam mark sheet (if applicable)		
22.	Qualifying exam certificate (if applicable)		
23.	Aadhar Number copy		
24.	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, 2019.
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](mailto: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](mailto:admissions@ubs.ac.in)/[registrar@ubs.ac.in](mailto:registrar@ubs.ac.in)

(A Doctoral Centre affiliated to Senate of Serampore College (University) and accredited by Asia Theological Association)

## APPLICATION FOR ADMISSION

Academic Year 2019 - 2020

A recent  
Photograph

Admission sought for: MTh in (✓ One)

- Old Testament       New Testament       Christian Theology  
 CM-Counselling       Missiology

Second preference (✓ One):  OT     NT     CT     CM-Counselling     Missiology

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 (Where applicable)	Year of Completion	Name of Diploma/ Degree received	Class/Division
10 <sup>th</sup>					
+2/Intermediate					
Graduate					
Post Graduate					
Other					

**10. Academic Activities:**

(i) List the subjects/papers which you did in the B.D./M.Div. degree course that belongs to the M.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 M.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 B.D./M.Div. course, did you do a research paper/thesis? Yes/No If yes, state the title and give a brief synopsis (about 100 words)

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(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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(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 M.Th. studies and are you aware of the academic demands of the program? Yes/No, any remarks:

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**11. Ministry and Leadership Abilities:** While doing your B.D./M.Div. 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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**12. Permanent address (Full)**

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

Pin code: \_\_\_\_\_

**13. Correspondence address (Full)**

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

Pin code: \_\_\_\_\_

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

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

**14. Family information:**

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

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

Type of work	Christian ministry/secular	Duration	Supervisor/Employer

**18. Your present occupation and position: \_\_\_\_\_**

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 needs to be: 1. Your pastor of the local church; 2. A teacher under whom you studied in college; 3. A lay person responsible in your church. Refers must not be your relatives)

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

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

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

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

	Name	Year	Program	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 and any event of particular importance in your spiritual 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.

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9. Is the applicant fit for undergoing rigorous theological training?

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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  $\surd$  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:

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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) B.D.                      (b) M. Th.                      (c) D. Th.

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                      (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 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) B.D.            (ii) M. Th.            (iii) D. Th.

**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**