

APPLICATION FORM

Distance Learning

UNION BIBLICAL SEMINARY

Bibvewadi, Pune – 411037 Maharashtra (India)

Phone: 24211747, 24211203 Fax No.: 020 – 24215471 (Extn. 342)

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E-mail: dlenglish@u	ıbs.ac.in/d	marathi@ubs.ac.in/dlhindi@u	bs.ac.in
Academic Year 2020			
Course Applying for (Tick)		M. Div. (Master of Divinity)	
		D. M. S. (Diploma in Ministeria	l Studies)
		C. M. S. (Certificate in Ministeria	l Studies)
Language NOTE:	English □	l Hindi □	Marathi □

Last date to submit application is 30th of March.

Till 30th of April with late fee of Rs.100/-

Applicants are expected to have the current Seminary Prospectus which outlines the purpose of the Seminary, the courses offered and the conditions of admission. The applicant is requested to answer every question with care avoiding any misleading statements.

Together with the application form he / she should send:

- 1. D.D./M.O. of Rs. 500/- in favour of "UNION BIBLICAL SEMINARY" for the Application Form. Two recent Photographs (about 3.5cm x 4.5cm) of the applicant. (One to be attached above)
- 2. A photocopy of the applicant's certificates and mark lists showing the complete record of his/her academic achievements from High School onwards. (Please do not send the originals with the application.)
- 3. The migration / transfer certificate must be submitted in original at the time of registration.
- 4. The applicant's own statements, on prescribed form, regarding his/her experience of personal commitment to Christ and experience in ministry.
- 5. Statement on the prescribed form regarding the financial support of the applicant.

The ADMISSIONS COMMITTEE of UBS will consider the application after receiving the applicant's entrance exam results. The decision as to whether or not the applicant is admitted to the course will be intimated in writing. The decision of the Admission Committee is binding and final.

F	ULL NAME:						
	_			-		order as your name appears ur last name or family name)	
Y	Your present ADDRESS (to which all seminary correspondence should be sent)						
_						Pin Code:	
Т							
N	Marital Status : N	Married /	/ Unmarried	, Name of	spouse		
4. C	Date of Birth:	Day	Month	Year	_		
5. A	\ge :				6.	Sex : Male / Female	
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Y						D' 0 1	
_ . Y						_ Pin Code:	
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- Т	The name of your	r church	denomination	on and the	nlace of its h	neadquarters :	
N	Name:						
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						Are you ordained? Yes /	
. 0	oive details of y	your inv	oivement ir	i Christiar	i ministry oi	r service in the attached she	
	-				-	g your studies up to the	
p T	present: (Please		details for a		<u> </u>	<u> </u>	
	Nature of Wo	rk		Organ	ization	Dates	
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16. Educational Qualifications (All applicable columns must be filled) Class / **Examination** Name & Place of During Diploma / Degree **Passed** Board, College which year Received Division **High School Pre-University Higher Secondary** B.A./ B.Sc./ B.Com. M.A./M.Sc./M.Com. **Theological Studies** Others, if any 17. Do you have any special talents in sports, games, music, art work, literary activity, drama etc.? 18. Did you ever have to discontinue any course or work or studies? If yes, state why: 19. What prizes / honours, if any, have you received? 20. Do you have any financial debts? Yes/ No. If yes how much? __ 21. Give the NAMES and COMPLETE ADDRESS of the persons who know you well. (If any of those listed below, are your close relative's then state your relationship). (a) Your PASTOR (Name) _____ Address: ____Tel. No. ____ (b) A responsible person who knows you well : _____ Address: __ Tel. No. (c) Your present or most recent EMPLOYER or another responsible person : Address: _____ ____Tel. No. ___

Name	
Position	
Address	
	Tel. No
	DECLARATION AND PLEDGE
 	t all the information given above is true and correct. I, promise
that, if admitted to	•
shall abide by the	rules and regulations of the UNION BIBLICAL SEMINARY.
	elf to the decisions taken regarding me by the Seminary e I am a student of the Seminary.
shall submit mys	off to the right of Comingry administration to take any appre
disciplinary action	elf to the right of Seminary administration to take any approagainst me, if in their judgment my behavior, character, conc to the spirit and emphases of the Seminary.
disciplinary action doctrine is contrary	against me, if in their judgment my behavior, character, cond
disciplinary action doctrine is contrary	against me, if in their judgment my behavior, character, cond to the spirit and emphases of the Seminary.
disciplinary action doctrine is contrary Date:	against me, if in their judgment my behavior, character, cond to the spirit and emphases of the Seminary. Signature:
disciplinary action doctrine is contrary Date:	against me, if in their judgment my behavior, character, condet to the spirit and emphases of the Seminary. Signature: FOR OFFICE USE ONLY
disciplinary action doctrine is contrary Date: Name of Applicant: Date of receipt of ap	against me, if in their judgment my behavior, character, condet to the spirit and emphases of the Seminary. Signature: FOR OFFICE USE ONLY
disciplinary action doctrine is contrary Date: Date: Date of Applicant: Date of receipt of ap	against me, if in their judgment my behavior, character, conductor to the spirit and emphases of the Seminary. Signature: FOR OFFICE USE ONLY pplication:
disciplinary action doctrine is contrary Date: Name of Applicant: Date of receipt of ap Fee: Application fee	against me, if in their judgment my behavior, character, condo to the spirit and emphases of the Seminary. Signature: FOR OFFICE USE ONLY plication: // late fee received Rs.:
disciplinary action doctrine is contrary Date: Name of Applicant : Date of receipt of application feet Receipt No. :	against me, if in their judgment my behavior, character, condo to the spirit and emphases of the Seminary. Signature: FOR OFFICE USE ONLY pplication: at / late fee received Rs.: Date:
disciplinary action doctrine is contrary Date: Name of Applicant: Date of receipt of application feet Receipt No.: Late fee due Rs.: Application Number	against me, if in their judgment my behavior, character, concerto the spirit and emphases of the Seminary. Signature: FOR OFFICE USE ONLY pplication: plication: Date:

(All candidates are to appear for Entrance / Qualifying examination. Question papers

22. Entrance / Qualifying Examinations :

Distance Learning

Union Biblical Seminary

Pune, Maharashtra - 411 037

FINANCIAL STATEMENT FOR PAYMENT OF FEES

<u>Tick one of the statements below</u>:

Who will pay your fees?

- i) I will be responsible for my own expenses
- ii) My expenses will be paid by

Note: If you are taking responsibility for your own expenses, please fill in the form yourself.

If somebody else (Church / Organization / Individual) is paying the expenses, please ask

	to fill in and sign the form.
Name	of Student (Block Letters):
Name	of Sponsor (Where Applicable):
I am p	prepared to pay fees as follows:
1.	REGISTRATION, EXAMINATION, TUITION, MATERIALS, LIBRARY ETC.
2.	Recommended Book allowance per year :
3.	Travel for meeting with Tutor (if necessary) :
4.	Travel and board expenses for residential sessions :
	Signature: Date :
Name	and address of person to whom BILLS should be sent for payment (BLOCK LETTERS) NAME:
	Address:
	E-mail

Mobile No. ______Tel.No._____

PERSONAL STATEMENT OF CHRISTIAN EXPERIENCE AND COMMITMENT TO CHRIST

To be sent to:

Distance Learning Department Union Biblical Seminary, Bibvewadi, Pune - 411 037. Maharashtra, India.

Name in full (In Block Letters)						
	xplain how you became a committed Christian. Mention any experience or event of icular importance in your spiritual growth.					
	In what ways is Christ the Lord of your life and the Bible as the supreme authority? Be specific.					
	What do you see as the greatest need (a) In your church? (b) In your country?					
	In your opinion :					
	(a) What should be the personal characteristics of a servant of Christ?(b) What should be the nature of his / her ministry?					
	Describe briefly how you would present the Christian gospel to one who does not know Christ.					

6.	(a) What type of Christian ministry or service have you been engaged in? Please be Specific:
(b)	What kind of ministry or service do you hope to be engaged in, after completing your
	studies (if different from above)?
(c)	What opportunities for continuing ministry or service will you have during the period of your studies?
7.	Why have you decided to undergo systematic theological training ? Why did you select Union Biblical Seminary, Pune for your training ?
If you	ı need to write more, use a separate sheet of paper.
Date	: Signature :

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RECOMMENDATION FORM

<u>TH</u>	IIS PORTION	TO BE COM	IPLETED BY A	PPLICANT:				
A Name of Appli	cant (in Capi	ital)						
B(Address)								
C.								
(Course Applie	ed for)							
D. This recommendation is from a (check one) : Pastor Christian Minister Lay person Employer Professional acquaintance Other (Specify)								
NOTE: This form is to be	e filled by so	meone who	is not a memb	er of your im	nediate fam	ily.		
The individual named above is applinterested in the applicant's ability to ideally take place during his/her training. 1. In view of your knowledge of the second	do independenting. Thank you fo	academic studion	es and deep comm	itment to ministry	. An integration	of two should		
categories?	Not Observed	Weak	Fair	Good	Very Good	Out Standing		
Intellectual ability								
Ability to work with								
others Initiative								
Creativity and imagination								
Maturity								
Interpersonal skills								
Self - discipline								
Self - confidence								
Oral Communication skills								
Written Communication skills								
Quality of work								
Ability to analyze problems and formulate solutions								
Leadership skills								
Motivation for proposed study								
Aptitude for chosen ministry								

	How long have you known the apple applicant?	plicant?		how w	ell do you know
	Very Well Rather Well	Casually	Not well		
	In what capacity?				
	Please provide us with a statement				•
-	ersonality, character and professionals or her strengths and weaknesses.	al promise. Also incl	ude in your sta	tement a	an assessment of
4.	We would appreciate your additio	nal comments. Use	e a separate pa	ge if ne	ecessary.
5.	I recommend this applicant for dis	stance learning pro	gram in Union	Biblica	al Seminary
	Highly recommend □	Rec	ommend		
	Recommended with reservation	ons □ Do no	ot recommend		
					U. B. S. Alumnus?
					Yes No
6.					
	Your Name (Please Print)		Signa	ature	Date
	Position				Organisation
	Address				
	City State		Pin code	F	Phone Number

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<u></u>	IS PORTION	TO BE COM	PLETED BY A	APPLICANT :		Ì
A Name of Applic	cant (in Capi	tal)				
B(Address)						
(Course Applie	d for)					
D. This recommendati		(check one) istian Ministe		Lay person		
Employ		essional acqu		Other (Specify))	
NOTE: This form is to be		_				ily.
ne individual named above is app						
terested in the applicant's ability to			•			
eally take place during his/her traini	-	-	-			
In view of your knowledge of the categories?	• •	ow do you asse Weak	ss his or her ab Fair	Good		_
3	Not Observed	vveak	raii	Good	Very Good	Out Standin
Intellectual ability						
Ability to work with						
others Initiative						
Creativity and imagination						
Maturity						
Interpersonal skills						
Self - discipline						
Self - confidence						
Oral Communication skills						
Written Communication skills						
Quality of work						
Ability to analyze problems						
and formulate solutions						
Leadership skills						
Motivation for proposed study						
Aptitude for chosen ministry						

	ow long have applicant?	you known the ap	plicant?	How	well do you know
	ery Well	Rather Well	Casually	Not well	
In	what capacity?				
				piritual maturity, stability ment of his or her streng	
_					
_					
_					
4. W	e would appr	eciate your additio	onal comments. Us	e a separate page if	necessary.
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_					
5. l r	ecommend th	is applicant for Di	stance Learning p	rogram in Union Bil	blical Seminary's
High	nly recommen	d□		Recommend	
Rec	omm <u>en</u> d with	reservations □	C	o not recommend	
					U. B. S. Alumnus?
					Yes No
6	our Name (Pleas	e Print)		Signature	Date
Po	osition				Organization
Ac	ddress				
Ci	ty	State		Pin code	Phone Number

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RECOMMENDATION FORM

<u></u>	IIS PORTION	TO BE COM	IPLETED BY	<u>APPLICANT</u> :		
AName of Applie	cant (in Can	ital)				l
В.	cant (iii Oap	italj				
(Address)						
C.						
(Course Applie						
D. This recommendati	on i <u>s fro</u> m a	(check one)	:	1		
Pastor	Chr	istian Ministe	er	Lay person		
Employ	/er Prof	fessional acqu	uaintance	Other (Specify)		
NOTE : This form is to b	e filled by so	omeone who	is not a mem	ber of your im	mediate fam	nily.
The individual named above is app	lying for admis	sion to Union E	Biblical Seminary	's distance learni	ng program. We	are primarily
nterested in the applicant's ability to	do independen	t academic studie	es and deep comi	mitment to ministry	y. An integration	of two should
deally take place during his/her traini						
I. In view of your knowledge of the	ne applicant, h	ow do you asse	ess his or her a	bilities and chara		lowing
categories?	Not Observed	Weak	Fair	Good	Very Good	Out Standing
Intellectual ability				1		
intenectual ability				J		
Ability to work with						
others Initiative						
Creativity and imagination						
Maturity				'		
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Interpersonal skills						
Self - discipline						
Self - confidence				<u></u>		
Out Oursell address the stable						<u> </u>
Oral Communication skills						
Written Communication skills						
Quality of work						
Ability to analyze problems						
and formulate solutions						
Leadership skills						
Motivation for proposed study						
Aptitude for chosen ministry	, <u> </u>					

	. How long have ne applicant?	you known the ap	plicant?	F	low well do you know	
	Very Well	Rather Well	Casually	Not well		
	In what capacity?					
					oility, personality, character engths and weaknesses.	
4.	. We would appr	eciate your additio	onal comments. Us	se a separate pag	e if necessary.	
	I recommend the minary	nis applicant for ac	lmission in distan	ce learning progr	am in Union Biblical	
Highly recommend □			Recomm	Recommend □		
Recommend with reservations □		Do not re	commend □			
					U. B. S. Alumnus?	
					Yes No	
6.						
	Your Name (Pleas	e Print)		Signatu	Jre Date	
	Position				Organization	
	Address					
	City	State		Pin code	Phone Number	