



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

Application for the Admission of Bachelor of Divinity (B.D.)

INSTRUCTIONS AND LIST OF DOCUMENTS TO BE SUBMITTED

(Kindly attach this sheet your application along with)

Academic Year: 2023-24

Full Name: _____

Application no.: _____

(Given by the office)

Admission sought for: (✓ one) - 5 years I.B.D. 4 years B.D. 2 years B.D. (refer to page 2)

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		
4.	Recommendation Letter from Church / Organization		
5.	Personal Statement form (refer to point no: 24 in the application)		
6.	Medical form (if married, submit one for the Spouse also)		
7.	Financial Statement form		
8.	Salary Slip/Salary Certificate/Last one-year Bank Statement of Parents/Spouse/Individual sponsor (for self-sponsored candidates)		
9.	Birth Certificate		
10.	Conduct Certificate from the previous educational institution		
11.	10 th Mark List and Certificate		
12.	+2 / Pre-University Mark List and Certificate		
13.	Secular Degree Mark List: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Others		
14.	Secular Degree Certificate: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Others		
15.	Theological Degree Marks (if any) : <input type="checkbox"/> B.Th./B.Miss/B.C.S. <input type="checkbox"/> Others		
16.	Theological Degree Certificate (if any): <input type="checkbox"/> B.Th./B.Miss/B.C.S <input type="checkbox"/> Others		
17.	<input type="checkbox"/> Transfer Certificate <input type="checkbox"/> Migration Certificate		
18.	Two Passport size photographs		
19.	Qualifying exam mark sheet (if applicable)		
20.	Qualifying exam certificate (if applicable)		
21.	Aadhar Card copy		
22.	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): 30th November 2022.
3. Last date for submitting the application form (with late fee): 15th December 2022.
4. The application fee is not refundable.
5. The applicant is requested to fill all columns as per the instruction.
6. Applications will not be considered by the Admission Committee until the required documents have been received.
7. One set of attested photocopies of Birth Certificate and 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. Kindly send the application form and all the required documents to admissions@ubs.ac.in (add it to your email addresses to avoid spam filters) and send the official hardcopy by post/courier. You will be sent a confirmation email after your completed application is received at the Academic Office.

For Office use:

1. Application fee Rs. _____

Receipt no.: _____ Date: _____

2. Entrance exam fee Rs. _____

Receipt no.: _____ Date: _____

Application form dispatched on: _____

Application form received on: _____



UNION BIBLICAL SEMINARY

A Doctoral Centre affiliated to Senate of Serampore College (University)

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

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

Email: admissions@ubs.ac.in

APPLICATION FOR ADMISSION

Academic Year 2023-24

Admission sought for: (✓ One)

- 5 years B.D. (for candidates with 10 + 2 or its equivalent)
- 4 years B.D. (for candidates with a degree from a recognized university)
- 2 years B.D. (for candidates with Senate B.Th., B.Miss., or B.C.S.;
and ATA B.Th. candidates who have passed BD Qualifying Exam)

A recent
Photograph

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

2. Gender : _____

3. Date of Birth : _____

3a. Age : _____

4. Marital Status : _____

4a. Date of Marriage : _____

5. Nationality : _____

6. Name of State/UT: _____

6a. Church Denomination: _____

7. Mobile: _____
(Preferably WhatsApp No.)

7a. Email id: _____
(Write legibly. This will be used for official communications)

8. Mother Tongue: _____

9. Other Languages you know:

Speak	Read	Write

10. 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	Class/Division
10 th					
+2/Intermediate					
Graduate					
Post Graduate					
Other					

11. Did you appear/pass any Qualifying Examination?

Yes No If yes, specify: _____

12. Permanent address (Full)

City: _____ District : _____

State: _____ Pin Code : _____

13. Correspondence address (Full)

City: _____ District: _____

State: _____ Pin code: _____

Contact number: Area code: _____ Land Line: _____ Student's Mobile: _____

Student's Email Id: _____

(Write legibly in capital letters. This will be used for official communications from the Academic Office)

14. The details of parents/spouse/guardian

A.	Name of Father/Guardian:		Name of Mother/Guardian:	
	Occupation:		Occupation:	
	Postal Address:		Email ID:	
	Email ID:		Phone Number:	
	Phone Number:			
B.	If you are married			
	Spouse's name:			
	Occupation:		Phone number:	
	Email ID:			
	Names of children		Age	Gender

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, which course: _____

(iii) Are there any health related issues 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, kindly give 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 are you planning to financially support your studies?

21. Give the names and position of your referees (who will fill the 3 a-2 forms).

(Referees need to be: (1) Pastor of your church; (2) A teacher under whom you studied in school/college; (3) A lay person responsible in your church. Referees 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.				



UNION BIBLICAL SEMINARY

REFERENCE FORM

Strictly Confidential

Send the Hard copy to:

The Registrar

UNION BIBLICAL SEMINARY, BIBVEWADI

PUNE-411037, MAHARASHTRA, INDIA

Send the scanned copy to registrar@ubs.ac.in

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 of the item mentioned below, please use a separate sheet of paper. Any information given will be treated strictly confidential. Please send the completed form promptly and directly to the Registrar of UBS. Thank you for your help.

Name of Applicant: _____

Name of Referee: _____

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 relative, 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 and his/her call to ministry?**

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 ill health, financial issues or anything else) which might affect his/her studies?

11. Please only one:

- I recommend the candidate very highly.
- I recommend the candidate.
- I recommend the candidate with certain hesitations.
- I do not recommend the candidate.

Name	Signature	Designation	Date

Full address:

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

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: _____



UNION BIBLICAL SEMINARY

FINANCIAL STATEMENT FORM

TO BE FILLED BY THE SPONSOR/PARENT

(Kindly specify the amount where ever applicable)

To be sent to: Registrar

UNION BIBLICAL SEMINARY

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

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

Please see the seminary fee structure before you fill up this forms.

Name of the Candidate (in block letter): _____

Please √only one: Course: B.D. M. Th. D. Th.

Name of Sponsor: _____

1. Fees Required by the Seminary: Rs. _____
Tuition, Food, Room & Utilities, Registration, Senate 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 for travel or any other utilities.

4. SPECIAL items to be paid (Specify item and amount, if any): Rs.

*1. I hereby undertake to sponsor _____ for the entire period of study at Union Biblical Seminary by arranging to pay the fee/stipend/other fee either in full or in 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)

One year Two years Three years Four years

(Applicable for B.D. /M. Th. / D. Th. course)

Date: _____

Sponsor's/Parents' 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:

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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: BD MTh DTh

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 or 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/PARENT_____
SIGNATURE OF THE CANDIDATE_____
SPONSOR'S DESIGNATION_____
OFFICIAL SEAL



UNION BIBLICAL SEMINARY

ONLINE PAYMENT FORM

UBS Bank Details:

Account Name	Union Biblical Seminary Association
Name of the Bank	Axis Bank
Branch address	Bibvewadi, Pune
Account No	921010016170181
IFSC Code	UTIB0002952

After completion of the transaction kindly fill the form below and send it to finance@ubs.ac.in and academicoffice@ubs.ac.in with the subject line of the email as NAME/PURPOSE/AMOUNT/DATE (e.g. John/Application Fee/Rs.700/11th August 2022)

Name of the Applicant:	
Course: (<i>BD/ MTh/ DTh/ CCM</i>)	
Amount:	Rs.
Purpose of transaction: (e.g. Tuition fee/ application fee/ late fine fee, etc)	
Remitters A/C Name and details: (Name and details of the account from which the transaction is made)	Name : Bank name : A/c Number : Branch Name :
Transaction Details: (<i>Transaction ID</i>)	
Payment mode: (<i>Online transfer/Google Pay/UPI etc</i>)	
Date and Time:	
Name in the Receipt: (<i>Name in which the receipt should be made</i>)	
Email ID of the sponsor for communication:	