



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

Application for the Admission of Master of Theology (M.Th)

INSTRUCTIONS AND LIST OF DOCUMENTS TO BE SUBMITTED

(Kindly attach this sheet along with your application)

Academic Year: 2023-24

Full Name: _____

Application no.: _____
(Given by the office)

Applying for MTh (✓ one) in ☐ Senate of Serampore College (University) ☐ Asia Theological Association

Application for MTh in (✓ one) : ☐ OT ☐ NT ☐ Christian Theology ☐ CM- Pastoral Counselling
☐ Missiology ☐ History of Christianity

| 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 25 in the Application Form) | | | |
| 6. | Medical form | | | |
| 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 10 th Certificate | | | |
| 12. | +2 / Pre-University Mark List and +2 /Pre-University 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 Transcript: <input type="checkbox"/> B.Th. <input type="checkbox"/> B.D. <input type="checkbox"/> Others | | | |
| 16. | Theological Degree Certificate: <input type="checkbox"/> B.Th. <input type="checkbox"/> B.D. <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/- (The application fee is not refundable.)
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 applicant is requested to fill all columns as per the instruction.
5. Applications will not be considered by the Admission Committee until the required documents have been received.
6. 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.
7. Kindly send submit the application form and all the required documents to admissions@ubs.ac.in (add it to your email addresses to avoid spam filters) and 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: _____ | Filled 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

ADMISSION REQUIREMENTS FOR MTh COURSES

Pre-requisites for admission to MTh programmes:

MTh (Senate of Serampore College [University])

1. Candidate should have secured a minimum B minus overall grade (i.e. 52.5%) in B.D. (Senate of Serampore) and must have a B grade (i.e. 57.5%) average in the cluster/branch in which the candidate is seeking admission.
2. Candidate who does not fulfill the above mentioned academic criteria must pass the qualifying exam conducted by the Senate and obtain an eligibility certificate in order to pursue the MTh programme.
3. All candidates except women should have involved in church or any other form of ministry for a minimum period of one year.

Additional Qualifications (specific to certain branches):

1. For M.Th in Old Testament and New Testament, the candidate should have passed at least two exegetical papers in Biblical languages (i.e. Hebrew for OT and Greek for NT) with an average of B grade (i.e. 57.5%)
2. For Christian Theology, the candidate should have passed in either BB012 (Biblical Hebrew – Advanced) or BBN02 (Greek Advanced).

MTh (Asia Theological Association)

1. Candidate should have obtained B plus grade or High Second Division in M.Div./B.D.
2. Candidate having a B minus grade in M.Div. or B.D. should pass qualifying papers, consisting of Biblical Studies, Theology and Christian Ministry securing average grade B plus.
3. Proficiency in the appropriate language for the field of study (i.e. Hebrew for Old Testament and Greek for New Testament) is required.
4. Candidate should have ministerial experience after M.Div. or B.D.



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APPLICATION FOR ADMISSION

Academic Year 2023 – 2024

Applying for MTh (✓ one) in ☐ SSC ☐ ATA

Admission sought for: MTh in (✓ One)

☐ Old Testament ☐ New Testament ☐ Christian Theology
☐ Christian Ministry - Pastoral Counselling ☐ Missiology ☐ History of Christianity

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

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. Languages known: _____ ☐ Speaking ☐ Reading ☐ Writing

_____ ☐ Speaking ☐ Reading ☐ Writing

_____ ☐ Speaking ☐ Reading ☐ Writing

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

| Examination Passed | 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 | | | | | |
| BD/MDiv | | | | | |
| Others | | | | | |

11. Academic Activities:

(i) List the subjects/papers completed in the B.D./M.Div. degree pertaining to the M.Th. Branch for which you are applying. *(Attach a separate sheet if needed)*

| Subject Code | Name of the papers/subjects | Grade |
|--------------|-----------------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(ii) Did you appear/pass M.Th. qualifying examination of the Senate? ☐ Yes ☐ No. If yes, give details:

| Subject Code | Name of the papers/subjects | Grade |
|--------------|-----------------------------|-------|
| | | |
| | | |
| | | |
| | | |

(iii) List the thesis title/project written by you during B.D./M.Div. and give a brief synopsis in a separate sheet (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 article/book. *(use separate sheet if needed)*

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

(vi) Are you aware of the academic requirements of the M.Th. Programme mentioned in page 2 of the application?

☐ Yes ☐ No

- 12. Ministry and Leadership Abilities:** While doing your B.D./M.Div. studies were you involved in extra-curricular activities in your college and/or did you carry any other social responsibility? ☐ Yes ☐ No
If yes, give details:

13. Permanent address (Full)

City: _____ District: _____ State: _____ Country: _____
Pin code: _____ Email: _____

14. Correspondence address (Full)

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

Contact number: Land Line: _____ Student's Mobile no.: _____

Student's Email Id: _____

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

15. The details of parents/spouse/guardian:

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

- 16. (i)** Do you plan to bring your family if family accommodation is available? ☐ Yes ☐ No

(ii) Is your spouse applying for any course 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: _____

17. 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: _____

18. Give details of your work experience since leaving High School/College:

| Type of work | Christian ministry/secular | Duration | Supervisor/Employer |
|--------------|----------------------------|----------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

19. Your present occupation and position: _____

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

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

If no, state how are you planning to financially support your studies?

22. 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 college; 3. A lay person responsible in your church. Referees must not be your relatives)

1. _____

2. _____

3. _____

23. Has anyone from your family studied at UBS? ☐ Yes ☐ No. If yes:

| | Name | Year | Program | Relationship |
|----|------|------|---------|--------------|
| 1. | | | | |
| 2. | | | | |

24. Give your reasons for choosing UBS for your studies?

25. Personal testimony 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 call 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) solemnly affirm that all information/s given above are true and correct. I promise that, if admitted to the seminary, I shall fully abide with 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 ethos of the Seminary.

Signature of the Applicant

Place

Date

Name of the Applicant

**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 for the 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. 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: The 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/Parent'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: ☐ **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: (BD/ MTh/ DTh/ CCM) | |
| 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: (Transaction ID) | |
| Payment mode: (Online transfer/Google Pay/UPI etc) | |
| Date and Time: | |
| Name in the Receipt: (Name in which the receipt should be made) | |
| Email ID of the sponsor for communication: | |