



UNION BIBLICAL SEMINARY

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

Application for the Certificate in Children Ministry (CCM)

INSTRUCTIONS AND LIST OF DOCUMENTS TO BE SUBMITTED

(Kindly attach this sheet along with your application)

Academic Year: 20□□-□□

Name: _____

Application no.: _____
(Given by the office)

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)		
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 th Mark List		
12.	10 th 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.	Aadhar 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): 1st April
3. Last date for submitting the application form (with late fee of Rs. 500/-): 15th April
4. The application fee and late fee are not refundable.
5. The applicant is requested to fill all columns.
6. Applications will be considered by the Admission Committee only after all the documents are 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 to your email addresses in order to avoid spam filters

For Office use:

Application form dispatched on: _____

Application form received on: _____

Application fee /late fee Rs. _____

Receipt no.: _____

Date: _____

Entrance exam fee Rs. _____

Receipt no.: _____

Date: _____



UNION BIBLICAL SEMINARY

Bibviewadi, Pune – 411 037 Maharashtra, India

Phone: 24211747, 24211203 Ext: 340

Email: admissions@ubs.ac.in

CERTIFICATE IN CHILDREN MINISTRY

APPLICATION FORM

3.5cm X 4.5cm
Photo

Academic Year

2	0			-		
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1. FULL NAME: _____
(Write in BLOCK LETTERS exactly as it appears in your academic certificate)

2. Present ADDRESS (to which all seminary correspondences should be sent)

State: _____ Pin Code: _____

Mobile No: _____

Email: _____

3. Marital Status: Married/Unmarried, If Married, Name of spouse _____

4. Date of Birth: Day Month Year

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5. Age: _____

6. Gender: _____

7. Place of Birth: _____ Nationality: _____

8. Permanent Address: _____
_____ Pin Code: _____

9. Mother Tongue: _____

10. Other known languages (reading, speaking and writing): _____

11. Name of the Church Denomination and place of Head Quarters: _____

12. Name of the Local Church: _____
Address: _____

Period of Membership: _____ Are you ordained? Yes/No.

13. Give details of your work/employment since completing your studies up to the present:
(Please fill-in details for all years in that period).

Nature of Work	Organisation	Period

14. Educational Qualifications

Examination Passed(specify)	Name and Place of Board/College/University	Name of Diploma/Degree	Year of Completion	Subjects/Major (Where applicable)	Class/Division
10 th					
+2/Intermediate					
Graduate					
Post Graduate					
Theological Studies (if any)					
Other					

15. Special talents in sports, games, music, art work, literary activity, drama etc.

16. Discontinuation of any course or work or studies If yes, state the reason:

17. Prizes/honours received, if any.

18. Financial debts? Yes? No. If yes, how much? _____

19. Give the NAMES and COMPLETE ADDRESSES of the following persons who know you well.

(They should not be your close relative)

(a) Your **PASTOR**

Name: _____

Address: _____

_____ Tel/Mob.No. _____

(b) A **TEACHER** who taught you previously:

Name: _____

Address: _____

_____ Tel/Mob.No. _____

(c) Your present or most recent **EMPLOYER** or **CHURCH ELDER**:

Name: _____

Address: _____

_____ Tel/Mob. No. _____

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 behaviour or character do not conform to the expectations of the Seminary.

Date: _____ Signature of the Candidate: _____

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FOR OFFICE USE ONLY

Admission: Approved / Rejected / Deferred.

Date: _____

Signature: _____



Union Biblical Seminary

Bibvewadi, Pune – 411 037

Phone: 24211747, 24211203 Extn: 340; E-mail: registrar@ubs.ac.in

CERTIFICATE IN CHILDREN MINISTRY

RECOMMENDATION FORM

THIS PORTION TO BE COMPLETED BY APPLICANT:

A. _____
Name of the Applicant (in Capital)

B. _____
(Address of the Applicant)

C. This recommendation is from a (check one):

- Pastor Church Elder Teacher
 Employer Professional acquaintance Other (Specify)

NOTE: This Form is to be filled by someone who is not a member of your immediate family.

The individual named above is applying for admission for admission to Union Biblical Seminary’s Certificate in Children Ministry. We are primarily interested in the applicant’s ability to do independent academic studies and deep commitment to ministry. An integration of two should ideally take place during his/her training. Thank you for your part in this important phase of the applicant’s life.

1. In view of your knowledge of the applicant, how do you assess his or her abilities & character in the following categories?

	Not Observed	Weak	Fair	Good	Very Good	Out Standing
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyse problems and formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for proposed study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for chosen ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. (a) Give details of your involvement in Christian ministry with special reference to Children Ministry:

(b) Kind of ministry or service you hope to be engaged in, after completing your Studies:

7. Reasons for decision to undergo this training:

8. Reasons for selecting Union Biblical Seminary, Pune for your training:

If you need to write more, use a separate sheet of paper.

Date: _____

Signature: _____



**UNION BIBLICAL SEMINARY
CERTIFICATE IN CHILDREN MINISTRY**

MEDICAL FORM FOR APPLICANT

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

Dear Doctor,

Please mail this form directly to the Registrar, Union Biblical Seminary, Bibvewadi, Pune – 411037, Maharashtra (India) E-mail: admission@ubs.ac.in / registrar@ubs.ac.in
Phone No.:(020) – 24218829, 24218670 Ext: 340

Name of Applicant:

Date of Birth:

Gender:

Height:

Weight:

Marital Status:

General: ENT:

Eyes:

Skin:

Skeletal:

CVS:

R.S.:

Abdomen:

CNS:

Family History

Blood dyspraxia:

Diabetes:

Hypertension:

Asthma:

Past

Jaundice:

Operations:

Fits:

Long term treatment:

Allergy to any drugs:

Intolerance or allergy to any food:

Laboratory Reports

Haemoglobin:

Serology:

Urine:

Stool:

Chest X-ray/Screen

Immunization (given dates)

Typhoid:

Tetanus:

Cholera:

Past treatment & recommendation:

Doctor's recommendation for the study

Date:

Signature of the Doctor:

Full Address:

City/District:

State:

Country:

Pin code:

Contact number:

Area code:

Number:

Mobile:

Email:



**UNION BIBLICAL SEMINARY
CERTIFICATE IN CHILDREN MINISTRY**

FINANCIAL STATEMENT FOR PAYMENT OF FEES

Tick one of the statements below:

Person Responsible for Payment of 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 / Organisation / Individual) is paying the expenses, please ask them to fill in and sign the form.

Name of Student (Block Letters): _____

Name of Sponsor (Where Applicable): _____

I am prepared to pay fees as follows:

- 1. REGISTRATION, EXAMINATION, TUITION, MATERIALS, LIBRARY ETC.
- 2. Recommended Book allowance per year : _____
- 3. Practical Training & Resource Material : _____

Signature: _____

Date: _____

Name and address of the person to whom BILLS should be sent for payment (BLOCK LETTERS)

NAME: _____

Address: _____

E-mail _____

Mobile No. _____ Tel/Mob.No. _____



UNION BIBLICAL SEMINARY
CERTIFICATE IN CHILDREN MINISTRY (CCM)

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 admissions@ubs.ac.in with the subject line of the email as NAME/PURPOSE/AMOUNT/DATE (e.g. John/Application Fee/Rs.700/11th August 2023)

Name of the Applicant	
Course (BD/ MTh/ DTh/ CCM)	
Amount	Rs.
Purpose of transaction (e.g. Tuition fee/application fee/late fine fee)	
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	