



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

Application for the Admission of Doctor of Theology (D.Th)

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)

Admission sought for DTh. in (✓ one) : Old Testament/ New Testament/ Christian Theology/ CM-Pastoral Counseling

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 th Mark List and 10 th Certificate		
12.	+2 / Pre-University Mark List and +2 /Pre-University Certificate		
13.	Degree Mark List: Secular/Theology		
14.	Degree Certificate: Secular/Theology		
15.	Post Graduate Mark List: Secular/Theology		
16.	Post Graduate Certificate: Secular/Theology		
17.	Transfer Certificate / Migration Certificate		
18.	Two Passport size photographs		
19.	CET Exam Result		
20.	Tentative Thesis Proposal		
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: 30th March; with late fee: 15th April
3. The application fee is not refundable.
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 /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 Ext: 340
Email: admissions@ubs.ac.in

Application for the Admission of Doctor of Theology (D.Th)

APPLICATION FOR ADMISSION

Academic Year 20□□ – 20□□

Admission sought for: D.Th in (√ One):

Old Testament

New Testament

Christian Theology

CM- Pastoral Counseling

A recent
Photograph

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 th					
+2/Intermediate					
Graduate					
Post Graduate					
Other					

10. Academic Activities:

(i) Did you write the Common Entrance Test (CET) conducted by the Senate? Yes/No If yes, give details:

Sr. No.	Name of the papers/subjects	Grade

(ii) State the title of your MTh Thesis and give a brief synopsis (for the synopsis use separate sheet of paper)

(iii) 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 work

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

(v) 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:

11. Ministry and Leadership Abilities: While doing your M.Th. 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:

12. Permanent address (Full)

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

Pin code: _____

13. Correspondence address (Full)

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

Pin code: _____

Contact number: Area code: _____ Land Line: _____ Mobile: _____

Email Id: _____

14. Family information:

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

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)

Pin code: _____

Contact number: Area code: _____ Land Line: _____ Mobile: _____

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 need 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. Referrers 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.			

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. **Your understanding of the nature of the Church’s mission in the world**
- 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

D.Th 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.

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

11. Please 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:

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

(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:

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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: (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



UNION BIBLICAL SEMINARY

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

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 admission@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	