



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: 20 ____ - ____

Full Name: _____

Application no.: _____
(Given by the office)

Applying for MTh (✓one) through ☐ Senate of Serampore ☐ Asia Theological Association

MTh Branch (✓one) : ☐ OT ☐ NT ☐ Ch.Theology ☐ History of Christianity ☐ Missiology ☐ CM-Counselling

S.No	Required Documents	Yes	No
1.	Duly filled Application Form		
2.	Reference forms: 1/2/3 (to be directly submitted by those mentioned on page # 6 in the application form)		
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 separate form for 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
3. Last date for submitting the application form (with late fee): 15th December
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 with 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

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

Email: admissions@ubs.ac.in

APPLICATION FOR ADMISSION: MASTER OF THEOLOGY (M.Th.)

Academic Year 20__ - __

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

Admission sought for: MTh in (✓ One)

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

A recent
Photograph

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

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

2. Gender : _____ 2a. Blood Group : _____

3. Date of Birth : _____ 3a. Age : _____

4. Marital Status : _____ 4a. Date of Marriage : _____

5. Nationality : _____ 5a. Name of State/UT: _____

6. Church Denomination: _____ 6a. Community/ Tribe (optional): _____

7. Mobile: _____ 7a. Email id: _____
(Preferably WhatsApp No.) (Write legibly. This will be used for official communications)

8. Mother Tongue: _____

9. Other Languages you know: _____, _____, _____

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. 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 required)*

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 required)*

(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: _____ Pin code: _____

Contact Number: _____ Email id: _____

14. Correspondence address (If different from above)

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

15. The details of parents/spouse/guardian

A.	Name of Father/Guardian:		Name of Mother/Guardian:	
	Occupation:		Occupation:	
	Email ID:		Email ID:	
	Contact Number:		Contact Number:	
	Postal Address:			
B.	If you are married, Name of Spouse:		Spouse's Occupation:	
	Email ID:		Contact Number:	
	Names of 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 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: _____

17. Name of the local church where you are a member? _____

(i) The period of your membership: _____

(ii) Address of your Church (full) _____

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

Contact number: _____ 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).

(Referee must not be your immediate relative; it needs 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.)

1. Name: _____ Designation: _____ Mobile: _____

2. Name: _____ Designation: _____ Mobile: _____

3. Name: _____ Designation: _____ Mobile: _____

23. 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 UBS for your studies?

24. 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 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

**UNION BIBLICAL SEMINARY****REFERENCE FORM - MTh***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 applicant been involved in 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
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Full address:

City: _____ District: _____ State: _____ 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

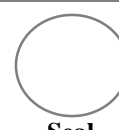
Blood Group:	HIV:
HBsAg:	RBS:
Chest X-ray (if needed):	MP test (for Malaria endemic areas):

Any recommendation by the examiner?

Is the applicant fit for a rigorous course of study?

 Name of the Doctor with Reg. No.

 Signature



Seal

Date: _____

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. Please ✓ only one: ☐ B.D. ☐ M. Th. ☐ D. Th.

Name of the Candidate (in block letter): _____

Name of Sponsor: _____

1. Fees Required by the Seminary: Rs. _____

Tuition, Food, Room & Utilities, Registration, Senate Exam, Medical, General Fee (for Library, Sports etc.), Student Council 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, Pune 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) (Applicable for B.D. /M.Th. / D.Th.)

☐ One year

☐ Two years

☐ Three years

☐ Four years

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: _____ Pincode: _____

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/or Organization)

Full address: _____

City: _____ **District:** _____ **State:** _____ **Pin code:** _____

Contact: Area code: _____ Land Line: _____ Mobile1: _____ Mob.2: _____

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

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

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

ONLINE PAYMENT FORM

UBS Bank A/c Details:

Account Name	Union Biblical Seminary Association
Name of the Bank	Axis Bank
Branch address	Bibviewadi, 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 2023)

Name of the Applicant:	
Course: (✓ one) <input type="checkbox"/> <i>BD</i> <input type="checkbox"/> <i>MTh</i> <input type="checkbox"/> <i>DTh</i> <input type="checkbox"/> <i>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: (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:	