UNION BIBLICAL SEMINARY

BIBWEWADI, 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 along with your application)

Academic Year: 20_____- 20_____

Full Name: _____ **Application no.:** _____

(Given by the office)

Admission sought for (✓one): ☐ **5 years IBD** ☐ **4 years BD** ☐ **2 years Upgraded BD** (*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 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.	**10th Mark List and Certificate**		
12.	**+2 / Pre-University Mark List and Certificate**		
13.	**Secular Degree Mark List: ☐ Bachelors ☐ Masters ☐ Others**		
14.	**Secular Degree Certificate: ☐ Bachelors ☐ Masters ☐ Others**		
15.	**Theological Degree Marks** ***(if any)*****: ☐ B.Th./B.Miss/B.C.S. ☐ Others**		
16.	**Theological Degree Certificate** ***(if any)*****: ☐ B.Th./B.Miss/B.C.S. ☐ Others**		
17.	**☐ Transfer Certificate ☐ 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. 800/-*****; late fee-** ***Rs. 500/-***
2. **Last date for submitting the application form (without late fee): 19th December, 2025**
3. **Last date for submitting the application form (with late fee): 15th January, 2026**
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

BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

Email: *admissions@ubs.ac.in*

APPLICATION FOR ADMISSION: BACHELOR OF DIVINITY (B.D)

Academic Year: 20_____- 20_____

A Recent Photograph

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)***

---

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
10th					
+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:** _____

Contact Number: _____ **Email id:** _____

13. Correspondence address *(If different from above)*

_____

_____

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

14. 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**

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. 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*:** _____

17. Give details of your work experience 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 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).

(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:** _____

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 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:***

(i) Your call and any event of particular importance in your spiritual experience

(ii) The place of Bible in your life

(iii) On your practice of church worship, quiet time and witnessing Christ

(iv) The main expectations you have through the seminary education

(v) 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 - BD

Strictly Confidential

Send the Hard copy to: THE REGISTRAR
UNION BIBLICAL SEMINARY, BIBWEWADI, 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**

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

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, BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

Please see the seminary fee structure before you fill up these 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:** _____ **Pin code:** _____

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

Email ID: _____

UNION BIBLICAL SEMINARY

SPONSOR'S UNDERTAKING

BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

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**