



Distance Learning Programs
UNION BIBLICAL SEMINARY
BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

Application for the Admission of Master of Divinity (M.Div)

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)

(Kindly tick Yes/No)

S.No.	Required Documents - Checklist	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 / or the candidate can send the envelop sealed by the referee.)		
3.	Recommendation Letter from Church		
4.	Personal Statement form		
5.	Medical form		
6.	Financial Statement form		
7.	10 th Mark List and 10 th Certificate (SSC/HSLC)		
8.	10+2 / Pre-University Mark List and 10+2 /Pre-University Certificate (HSC/HSSLC)		
9.	Degree Mark List		
10.	Degree Certificate		
11.	Post Graduate Mark List (If available)		
12.	Post Graduate Certificate (If available)		
13.	Transfer Certificate / Migration Certificate		
14.	Two Passport size photographs		
15.	Aadhar copy (For Indian Citizen)		

Note:

1. Application fee – Rs. 590/- (inclusive of GST); Late fee – Rs. 118/- (inclusive of GST).
2. Last date for submitting the application form (without late fee): **17th April**
3. Last date for submitting the application form (With late fee): **30th MAY**
4. The application fee and late fee are not refundable.
5. The applicant is requested to fill all columns.
6. Applications will not be considered by Admission Committee until the required documents have been received.
7. One set of attested photocopies of all academic certificates to be submitted along with the application form.
(Please do not send the originals with the application.)
8. You will be sent a confirmation email after your completed application is received at the DLP 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: _____



Distance Learning Programs
UNION BIBLICAL SEMINARY
(Accredited by Asia Theological Association)

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA
TELEPHONE: (020) 24211747, 24211203, 24218829 (Extn English 342)

Email: dlenglish@ubs.ac.in / registrar_ata@ubs.ac.in

APPLICATION FOR ADMISSION – M.Div

Academic Year 20__ – 20__

A recent
Photograph

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

2. Correspondence address (Full):

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

Applicant's Mobile no.: _____ Email Id: _____

3. Gender: _____

4. Date of Birth: _____ Age: _____

5. Marital Status: _____ Name of the spouse (if married): _____

6. Nationality: _____ Name of State/UT (you belong to): _____

7. Mother Tongue: _____

8. The name of the Church denomination: _____

9. Which local church are you a member? _____

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

Examination Passed (specify)	Name and Place of Board/College/University	Year of Completion	Name of Diploma/Degree received	Class/Division
10 th				
10+2/Intermediate				
Graduate				
Post Graduate				
Other				

11. Have you published any article(s) or book(s) either in English or in a regional language?

12. Give any other relevant information that you would like to give regarding your academic journey/experience/performance:

13. Permanent address (Full):

City: _____ District: _____ Pin code: _____

State: _____ Country: _____

14. Address of your Local church in which you are a member:

City: _____ District: _____ Pin code: _____

State: _____ Country: _____

Contact number: _____

Email Id: _____

Are you ordained? Yes / No If yes, the date of ordination: _____

15. Your present occupation and position: _____

16. Give details of work experience done since leaving High School/College:

Type of work	Christian ministry/secular	Duration	Organization / Company

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

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

If No, state how you are planning to support yourself financially

19. Give the names and position of your referrers.

(Who will fill the reference form: form a-1. Print a copy each for Three Person)

(Referrers need to be: 1. Your pastor of the local church; 2. Any two lay person responsible in your church.)

(Referrers must not be your relatives)

1. _____

Contact no. _____ Email: _____

2. _____

Contact no. _____ Email: _____

3. _____

Contact no. _____ Email: _____

20. Has anyone from your family studied at UBS? Yes / No If yes:

Name		Year	Program	Relationship
1.				
2.				

21. Give your reasons for choosing to apply to DLP UBS for your studies?

22. Personal Statement of Christian Experience and Commitment to Christ: Use a separate sheet of paper to write in about 700 words (2 pages) on the following and answer all the questions:

- Your Christian Experience and any event of particular importance in your spiritual experience.**
- The place of Bible in your life.**
- On your practice of church worship, quiet time and witnessing Christ.**
- The main expectations you have through the seminary education.**
- What type of Christian ministry do you hope to do when you complete your seminary training?**

23. Entrance/Qualifying Examination:

(All the candidates are to appear for Entrance/Qualifying examination). **Questions paper** will be sent to your pastor whom we request to supervise the examination. In case you are living far away from your pastor. Please write name and present address of a responsible Christian leader who is willing to supervise your examination.)

Name: _____

Position: _____

Address: _____

Contact no: _____

Email: _____

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



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UNION BIBLICAL SEMINARY

Form (a-1)

REFERENCE FORM (M.Div)

Strictly Confidential

To be sent to: Registrar ATA / DL English
UNION BIBLICAL SEMINARY, BIBVEWADI
PUNE-411037, MAHARASHTRA, INDIA
TELEPHONE: (020) 24211747, 24211203, 24218829 (Ext Eng. 342)
Email: dlenglish@ubs.ac.in / registrar_ata@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 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 ATA 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 pursue theological studies through DLP UBS?

4. What do you know about the applicant's personal commitment to Christ?

5. In what ways has 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. Kindly give your assessment of his/her general maturity and stability, ability to relate to others, honesty and reliability, moral standard, weaknesses and any other relevant information.

8. Is the applicant fit for theological studies?

9. 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?

10. 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:** _____ **Pin code:** _____

State: _____ **Country:** _____

Mobile: _____

Email: _____



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Form (a-2)

MEDICAL FORM

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.:	
Any recommendation by the examiner?	
Is the applicant fit for distant study?	

Name of the Doctor with Reg. No.

Signature

Date: _____

Seal

Full address: _____

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

Contact number: _____ Email: _____



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UNION BIBLICAL SEMINARY

Form (a-3)

FINANCIAL STATEMENT FORM

To be sent to:
THE REGISTRAR ATA / DL ENGLISH
UNION BIBLICAL SEMINARY
BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA
TELEPHONE: (020) 24211747, 24211203, 24218829

Name of the Candidate (in block letter): _____

Sponsor details: (i) I will be responsible for my own expenses: _____

(ii) My expense will be paid by (Name of Sponsor): _____

Address: _____

Contact No: _____ Email ID: _____

I am prepared to pay:

a)	Fees: Registration, Tuition, Course Materials, Library, and Examination
b)	Lodging and Boarding expenses during residential session.
c)	Any other fee inquires by the Seminary.

1. I hereby undertake responsibility for the entire period of study at DLP Union Biblical Seminary by arranging transfer either in full or installments as per provision made in rules, on or before the specified dates.

2. (For sponsors, if applicable) I hereby undertake to support above student for the entire period of study: (Tick One)

(i) One year

(ii) Two years

(iii) Three years

(iv) Four years

Date: _____

Sponsor's / Self Signature: _____ Sponsor's Position: _____ (Sponsor's Seal)
(if applicable)

Name and Address of person to whom Bills should be sent for payment (Block Letter):

Name: _____

Address: _____

Contact No: _____ Email ID: _____



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ONLINE PAYMENT FORM

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA
TELEPHONE: (020) 24211747, 24211203, 24218829

UBS Bank Details:

Account Name	Union Biblical Seminary Association
Name of the Bank	ESAF Bank
Branch address	Dhole Patel Road Branch, Pune
Account No	50240000155135
IFSC Code	ESMF0001681

After completion of the transaction kindly fill the form below and send it to dlenglish@ubs.ac.in and finance@ubs.ac.in with the subject line of the email as NAME/PURPOSE/AMOUNT/DATE (e.g. John/Application Fee/Rs.590/11th August 2022)

Full Name:	
Distance Learning Department:	English / Marathi / Hindi (Tick one)
Purpose of transaction (e.g. Tuition 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 on the Receipt: (Name in which the receipt should be made)	
Sponsor Email: (if sponsored)	