

**Full Name:** 

# **UNION BIBLICAL SEMINARY**

BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

# **Application for the Admission of Master of Theology (M.Th)**

# INSTRUCTIONS AND LIST OF DOCUMENTS TO BE SUBMITTED

**Application no.:** 

Application form received on:

(Kindly attach this sheet along with your application)

Academic Year: 20\_\_\_\_\_- 20\_\_\_\_\_

Applyin	g for MTh through Asia Theo	logical Association (✓one):	(Given by the	office)
<b>FF</b> -J	□ Old Testament	□ New Testament □ Christian Theology □ History of Christian	itv	
		☐ Missiology ☐ Pastoral Care & Counselling		
S. No		Required Documents	Yes	No
		<u> </u>	103	110
1.	Duly filled Application For			
2.		e directly submitted by those mentioned on page #6 in the application form)		
3.	Sponsor's Letter			
4.	Recommendation Letter from			
5.	Personal Statement form (1	efer to point no: 24 in the application)		
6.	Medical form (if married, s	ubmit separate form for spouse also)		
7.	Financial Statement form			
8.		e/Last one-year Bank Statement of Parents/Spouse/Individual sponsor		
9.	(for self-sponsored candidates)  Birth Certificate			
10.		ne previous educational institution		
11.	10 <sup>th</sup> Mark List and Certific			
12.	+2 / Pre-University Mark I			
13.		□ Bachelors □ Masters □ Others		
14.		□ Bachelors □ Masters □ Others		
15.	Theological Degree Marks			
16.		eate (if any):   M.Div/B.D/B.Th./B.Miss/B.C.S.   Others		
17.	☐ Transfer Certificate ☐			
18.	Two Passport size photogra			
19.	Qualifying exam mark she			
20.	Qualifying exam certificate	(if applicable)		
21.	Aadhar Card copy			
22.	Medical Insurance copy (if	any)		
Note:				
1. A	Application fee – Rs. 800/-; lat	e fee- Rs. 500/-		
2. I	ast date for submitting the a	pplication form (without late fee): 19th December, 2025		
		oplication form (with late fee): 15 <sup>th</sup> January, 2026		
	The application fee is not refu			
		ill all columns as per the instruction. Iered by the Admission Committee until the required documents hav	. h.a. waasi	erod.
		es of Birth Certificate and all Academic Certificates to be submit		
		nals need to be submitted to the Registrar at the time of Registration	_	, 1011 0110
		rm with all the required documents to admissions@ubs.ac.in (add it to		ddresse
	to avoid spam filters) and send	the official hardcopy by post/courier. You will be sent a confirmation	on email aft	ter you
	completed application is reco	ived at the Academic Office.		
For Offic				
		Receipt no.: Dat		
2.	Entrance exam fee Rs.	Receipt no.: Dat	e:	

Application form dispatched on:



# BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

Email: admissions@ubs.ac.in

## ADMISSION REQUIREMENTS FOR MTh COURSES

*Pre-requisites for admission to MTh programmes:* 

#### MTh (Asia Theological Association)

1. Candidate should have secured a minimum **B** overall grade (i.e. 57.5%) in B.D (Senate) or M.Div (ATA) and must have a **B plus** grade (i.e. 62.5%) average in the cluster/branch of specialization in which the candidate is seeking admission.

#### **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 plus** grade (i.e. 62.5%)
- 2. For Christian Theology, the candidate should have passed in either **BB012** (Biblical Hebrew Advanced) or **BBN02** (Greek Advanced).
- 3. Preference may be given for MTh admission to students who have written theses at BD/M.Div level.



# BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

Email: admissions@ubs.ac.in

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

Academic Year:	20 20
Applying for MTh through Asia Theological Assoc	ciation A Recent
Admission sought for: M.Th in (✓one):	Photograph
☐ Old Testament ☐ New Testament ☐ Christi	ian Theology 🛘 Missiology
$\square$ History of Christianity $\square$ Pastoral Care & Cou	nselling
<b>Second preference</b> ( <b>✓One</b> ): □ OT □ NT □ CT □	] HOC □ MS □ PCC
1. Full Name:(in block letter as per your late	est 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:(Preferably WhatsApp No.)	7a. Email id: (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 <sup>th</sup>					
+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
	ar/pass M.Th. qualifying examination of the Senate?  \( \square\) Yes \( \square\) No. If	
Subject Code	Name of the papers/subjects	Grade
(iii) List the thesis (about 100 words)	s title/project written by you during B.D./M.Div. and give a brief synop).	psis in a separate sheet
	blished any article(s) or book(s) either in English or in a regional langus and send a copy of the published article/book. (use separate sheet if red	•
(v) Give any oth /performance:	ner relevant information that you would like to give regarding your aca	ndemic journey/experience
(-:`\ A		
(vi) Are you awar	e of the academic requirements of the M.Th. Programme mentioned in	i page 2 of the application?

3. Perman	ent address (Full)		
City:	District:	State:	Pin code:
Contact N	ımber:	Email id: _	
4. Corresp	ondence address (If different from a	above)	
City:	District:	State:	Pin code:
5. The det	ails of parents/spouse/guardian		
A. Nam	e of Father/Guardian:	Name of I	Mother/Guardian:
Occı	pation:	Occupation	on:
	ipation:	Occupation Email ID:	
Ema			
Ema Com Post:	il ID: act Number: al Address:	Email ID:  Contact N	Number:
Ema Cont Post	u are married, e of Spouse:	Email ID: Contact M  Spouse's (	Number:  Occupation:
Ema Com Post:  B. If yo Nam Ema	u are married, e of Spouse:	Email ID: Contact N  Spouse's C  Contact N	Number:  Occupation:
Ema Com Post:  B. If yo Nam Ema	il ID: cact Number: cal Address:  u are married, e of Spouse: il ID:	Email ID: Contact N  Spouse's C  Contact N	Number:  Occupation:
Ema Com Post:  B. If yo Nam Ema	il ID: cact Number: cal Address:  u are married, e of Spouse: il ID:	Email ID: Contact N  Spouse's C  Contact N	Number:  Occupation:

(i) The period (ii) Address of	-					
City:	D	istrict:	State:		Pin coo	de:
Contact num	ber:		Ema	il Id:		
(iii) Is your Do	enominatio	on a member of	Union Biblical S	Seminary	Association?	☐ Yes ☐ No:
(iv) Are you	ordained?	∐Yes ∏ No. <i>I</i> ,	f yes, kindly give t	he date of	ordination:	
Give details o	f your wor	k experience sin	nce leaving High	School/C	College:	
Type o	f work	Christian r	ministry/secular	Du	ıration	Supervisor/Employe
Have you even	r had to dis	n and position: _	ourse, work or s	tudies? [	□ Yes □ No.	If yes, give reasons:
Have you ever	r had to dis	n and position: _ scontinue any co		tudies? □	□ Yes □ No.	
Are you spon  If no, state he  Give the name (Referee must n	sored by an ow are you ges and positot be your in	n and position: _ scontinue any co ny Church / Org planning to fina tion of your refo	ourse, work or s	Yes Date of Pastor of	No ies?	If yes, give reasons:
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	sonal testimony of Christian E in about 1000 words (2 pages) o	xperience and Commitment to Chron the following:	rist: Use a separate sheet of pa
(i)	Your call and any event of part	icular importance in your spiritual ex	xperience
(ii)	The place of Bible in your life		
(iii)	On your practice of church wor	rship, quiet time and witnessing Chris	st
(iv)	The main expectations you have	ve through the seminary education	
(v)	What type of Christian ministry	y do you hope to do when you compl	ete your seminary training?
	DEC	CLARATION AND PLEDG	E
I,		(name in full) solo	emnly affirm that all informat
		promise that, if admitted to the sen	•
	-	,	• ,
anu re		d that I shall cede to the Seminary	<del>-</del>
	ppropriate disciplinary action	against me, if my behavior, char	acter or doctrines of faith de
any ap		(T	
any ap	rm to the ethos of the Seminary	y•	
any ap	rm to the ethos of the Seminary	y•	
any ap	rm to the ethos of the Seminary	y•	
any ap	rm to the ethos of the Seminary	y <b>-</b>	



#### **REFERENCE FORM - MTh**

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?
	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:Pin code:
	Contact number: Area code:Land Line:Mobile:
	Email·



# MEDICAL FORM

(A married applicant should submit for his/her spouse separately)
UNION BIBLICAL SEMINARY, BIBVEWADI, PUNE- 411037, MAHARASHTRA, INDIA

Name of Applicant:	Data of Dinth.	Monital Status
Gender:	Date of Birth:	Marital Status:
	<b>General Physi</b>	cal Examination
Height:		Weight:
BP:		P/R:
	Systemic I	Examination
ENT:		Eyes:
Skin		Skeletal:
CVS:		R.S.:
Abdomen:		CNS:
	Past/Preser	nt 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 Illn	ess, Etc.):	
	Lab Examinat	ion 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 cours	e of study?	
Name of the Doctor with Reg	g. No.	Signature
Full address:		
City:District:		State:Pin code:
Email:	C	ontact number:



# 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 s	see the s	seminary fee structure before you fi	ill up these form	s. Please ✓ on	ly one: □ B.D. □	M. Th. □ D. Th.
Name o	of the Ca	andidate (in block letter):				
Name o	of Spons	sor:				
1.	Fees R	Required by the Seminary: Rs, Food, Room & Utilities, Registration, S	Senate Exam, Med	ical, General Fee (	(for Library, Sports etc.	), Student Council Fee etc.
2.	Fee Re	ecommended by the Seminary: (Sp.	ecify amount appr	oved)		
	a.	Book Allowance per year	Rs.			
	b.	Pocket money per month	Rs.		(for Single Stude	ent)
	c.	Stipend per month	Rs.		(for Married Stu	ident)
	d.	Medical expenses (actual)	Rs.		(Please specify the	he amount)
3.	Option	nal items (Specify, if any):				
	a.	Travel: Opening & close of scho	ool year	Amount Rs.		
	b.	Travel: Christmas Vacation		Amount Rs.		
	c.	Stationery:		Amount Rs.		
Spo	I	hereby undertake to support the a  One year  Date:  Parents' Signature:	☐ Three yea	rs 🗆 Four	years	able for B.D. /M.Th. / D.Th.)  (Sponsor's Seal)
Nan	ne:	Name and address of the pers		v		,
		S:				
City	:	District:	State:		Pin code:	
Con	tact nur	mber: Area code:Land L	ine:	Mot	oile number:	
	a m.					



# SPONSOR'S UNDERTAKING

## BIBWEWADI, PUNE - 411037, MAHARASHTRA, INDIA

Name of the Sponsore	ed Candidate:				
Sponsor's Name:					
	(Individua	l, Church and/or Orga	nization)		
Full address:					
				Pin code:	
Contact: Area code: _	Land Line:	Mobile	1:	Mob.2:	
Email ID:					
	COURSE:	□ BD	□ MTh	□ DTh	
I/We hereby declare t	hat I/We agree to:	(please indicate one o	f the following	g statements by <b>√</b> )	
☐ Support the candid	date financially du	ring his/her studies	for this De	gree and intend to emplo	oy him/her
upon the completion of	of his/her studies.				
☐ Support the candid	late financially dur	ring his/her studies	for this Deg	gree, but we may not emp	ploy
him/her upon the com	pletion of his/her	studies.			
☐ Intend to employ the	he candidate upon	the completing of l	nis/her studi	es at UBS but are unable	e to
support him/her finar	ncially during his/h	er studies.			
☐ Recommend the ca	ndidate for studies	at UBS but are una	able either to	o support him/her financ	ially or
employ him/her upon	the completion of	his/her studies.			
	any activity by the co	andidate that is detr		ary at any point during his e smooth running of the so	
Please	complete and return	this form to the Acc	ıdemic Office	e as soon as possible.	
Date:					
SIGNATURE OF TH	E SPONSOR/PAR	ENT	SIGNAT	TURE OF THE CANDID	ATE
SPONSOR'S DESIG	GNATION			OFFICIAL SEAL	