UNION BIBLICAL SEMINARY

BIBVEWADI, PUNE-411037, MAHARASHTRA, INDIA

Application for the Certificate in Children Ministry (CCM)

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)

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)		
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.	10th Mark List		
12.	10th Certificate		
13.	+2 / Pre-University Mark List		
14.	+2 /Pre-University Certificate		
15.	Degree Mark List: Secular/Theology		
16.	Degree Certificate: Secular/Theology		
17.	Post Graduate Mark List: Secular/Theology		
18.	Post Graduate Certificate: Secular/Theology		
19.	Transfer Certificate / Migration Certificate		
20.	Two Passport size photographs		
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 (without late fee): 1st April
3. Last date for submitting the application form (with late fee of Rs. 500/-): 15th April
4. The application fee and late fee are not refundable.
5. The applicant is requested to fill all columns.
6. Applications will be considered by the Admission Committee only after all the documents are received.
7. One set of attested photocopies of 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. You will be sent a confirmation email after your completed application is received at the Admissions office. You have to add admissions@ubs.ac.in to your email addresses in order to avoid spam filters

---

For Office use:

Application form dispatched on: _____ Application form received on: _____

Application fee /late fee Rs. _____ Receipt no.: _____ Date: _____

Entrance exam fee Rs. _____ Receipt no.: _____ Date: _____

UNION BIBLICAL SEMINARY

Bibvewadi, Pune – 411 037 Maharashtra, India
Phone: 24211747, 24211203 **Ext:** 340
Email: admissions@ubs.ac.in

CERTIFICATE IN CHILDREN MINISTRY

APPLICATION FORM

3.5cm X 4.5cm Photo

Academic Year | 2 | 0 | | | - | | |

1. FULL NAME: _____
   (Write in BLOCK LETTERS exactly as it appears in your academic certificate)
2. Present ADDRESS (to which all seminary correspondences should be sent)

   _____

   _____

   _____

   State:_____ Pin Code: _____

   Mobile No: _____

   Email: _____
3. Marital Status: Married/Unmarried, If Married, Name of spouse_____
4. Date of Birth:

Day	Month	Year

5. Age:_____ 6. Gender: _____
7. Place of Birth:_____Nationality: _____
8. Permanent Address: _____

   _____Pin Code: _____
9. Mother Tongue: _____
10. Other known languages (reading, speaking and writing): _____

    _____
11. Name of the Church Denomination and place of Head Quarters: _____

    _____
12. Name of the Local Church: _____

    Address: _____

    _____

    Period of Membership:_____Are you ordained? Yes/No.

13. Give details of your work/employment since completing your studies up to the present:
(Please fill-in details for all years in that period).

Nature of Work	Organisation	Period

14. Educational Qualifications

Examination Passed(specify)	**Name and Place of Board/College/University**	**Name of Diploma/Degree**	**Year of Completion**	**Subjects/Major (Where applicable)**	**Class/Division**
10th					
+2/Intermediate					
Graduate					
Post Graduate					
Theological Studies (if any)					
Other					

15. Special talents in sports, games, music, art work, literary activity, drama etc.

_____

_____

16. Discontinuation of any course or work or studies If yes, state the reason:

_____

_____

_____

17. Prizes/honours received, if any.

_____

_____

_____

18. Financial debts? Yes? No. If yes, how much? _____

19. Give the NAMES and COMPLETE ADDRESSES of the following persons who know you well.
(They should not be your close relative)

(a) Your **PASTOR**

Name:_____

Address: _____

_____Tel/Mob.No._____

(b) A **TEACHER** who taught you previously:

Name:_____

Address:_____

_____Tel/Mob.No._____

(c) Your present or most recent **EMPLOYER** or **CHURCH ELDER**:

Name:_____

Address: _____

_____Tel/Mob. No._____

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 behaviour or character do not conform to the expectations of the Seminary.

Date:_____ Signature of the Candidate: _____

…….....

FOR OFFICE USE ONLY

Admission: Approved / Rejected / Deferred.

Date:_____ Signature: _____

Union Biblical Seminary

Bibvewadi, Pune – 411 037
Phone: 24211747, 24211203 Extn: 340; E-mail: registrar@ubs.ac.in

CERTIFICATE IN CHILDREN MINISTRY

RECOMMENDATION FORM

THIS PORTION TO BE COMPLETED BY APPLICANT:

A. _____
Name of the Applicant (in Capital)

B. _____
(Address of the Applicant)

_____

C. This recommendation is from a (check one):

☐ Pastor ☐ Church Elder ☐ Teacher
☐ Employer ☐ Professional acquaintance ☐ Other (Specify)

NOTE: This Form is to be filled by someone who is not a member of your immediate family.

The individual named above is applying for admission for admission to Union Biblical Seminary's Certificate in Children Ministry. We are primarily interested in the applicant's ability to do independent academic studies and deep commitment to ministry. An integration of two should ideally take place during his/her training. Thank you for your part in this important phase of the applicant's life.

1. In view of your knowledge of the applicant, how do you access his or her abilities & character in the following categories?

	Not Observed	Weak	Fair	Good	Very Good	Out Standing
Intellectual ability	☐	☐	☐	☐	☐	☐
Ability to work with others	☐	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐	☐
Creativity and imagination	☐	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐	☐
Interpersonal skills	☐	☐	☐	☐	☐	☐
Self-discipline	☐	☐	☐	☐	☐	☐
Self-confidence	☐	☐	☐	☐	☐	☐
Oral Communication skills	☐	☐	☐	☐	☐	☐
Written Communication skills	☐	☐	☐	☐	☐	☐
Quality of work	☐	☐	☐	☐	☐	☐
Ability to analyse problems and formulate solutions	☐	☐	☐	☐	☐	☐
Leadership skills	☐	☐	☐	☐	☐	☐
Motivation for proposed study	☐	☐	☐	☐	☐	☐
Aptitude for chosen ministry	☐	☐	☐	☐	☐	☐

2. How long have you known the applicant? How well?

   Very Well ☐ Rather Well ☐ Casually ☐ Not well ☐

   In what capacity?

3. Please provide us with a statement concerning the applicant's spiritual maturity, stability, personality, character and professional promise. Also include in your statement an assessment of his or her strengths and weaknesses.

4. We would appreciate your additional comments. Use a separate page if necessary.

5. I recommend this applicant for admission to Union Biblical Seminary's Certificate in Children Ministry.

   ☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservation

   ☐ Do not Recommend

   U.B.S. Alumnus

   ☐ Yes ☐ No

6. _____

   Name (In Capital Letters) Signature Date

   _____

   Position/Designation Organisation

   _____

   _____

   Address

   _____

   City State Pin code Phone Number

Send directly to: CCM, Union Biblical Seminary, Bibvewadi, Pune 411037, Maharashtra.

UNION BIBLICAL SEMINARY

CERTIFICATE IN CHILDREN MINISTY

PERSONAL STATEMENT OF CHRISTIAN EXPERIENCE AND COMMITMENT TO CHRIST

To be sent to:

The Registrar
Union Biblical Seminary,
Bibvewadi, Pune – 411 037
Maharashtra, India.

Name in full (In Block Letters) _____

1. Explain how you became a committed Christian. Mention any experience or event of particular importance in your spiritual growth.

2. Give details of how Christ is the Lord of your life and the Bible has supreme authority.

3. What is the greatest need? (a) in your church:
   (b) in your country:

4. In your opinion:
   (a) Personal characteristics of a servant of Christ:
   (b) Nature of a believer's ministry:

5. Describe briefly: Presentation of the Christian gospel to one who does not know Christ:

6. (a) Give details of your involvement in Christian ministry with special reference to Children Ministry:

(b) Kind of ministry or service you hope to be engaged in, after completing your Studies:

7. Reasons for decision to undergo this training:

8. Reasons for selecting Union Biblical Seminary, Pune for your training:

If you need to write more, use a separate sheet of paper.

Date:_____ Signature: _____

UNION BIBLICAL SEMINARY

CERTIFICATE IN CHILDREN MINISTY

MEDICAL FORM FOR APPLICANT

(A married applicant should ask for another form or make a copy for his/her spouse)

Dear Doctor,

Please mail this form directly to the Registrar, Union Biblical Seminary, Bibvewadi, Pune – 411037, Maharashtra (India) E-mail: admission@ubs.ac.in / registrar@ubs.ac.in
Phone No.:(020) – 24218829, 24218670 Ext: 340

Name of Applicant:

Date of Birth:	Gender:
Height:	Weight:
Marital Status:	
General: ENT:	Eyes:
Skin:	Skeletal:
CVS:	R.S.:
Abdomen:	CNS:
Family History Blood dyspraxia:	Diabetes:
Hypertension:	Asthma:
Past Jaundice:	Operations:
Fits:	Long term treatment:
Allery to any drugs:	
Intolerance or allergy to any food:	
Laboratory Reports Haemoglobin:	Serology:
Urine:	Stool:
Chest X-ray/Screen	
Immunization (given dates) Typhoid: Tetanus:	Cholera:
Past treatment & recommendation:	
Doctor's recommendation for the study	

Date: **Signature of the Doctor:**

Full Address:

City/District:	State:	Country:	Pin code:
Contact number:	Area code:	Number:	Mobile:
Email:			

UNION BIBLICAL SEMINARY

CERTIFICATE IN CHILDREN MINISTY

FINANCIAL STATEMENT FOR PAYMENT OF FEES

Tick one of the statements below:

Person Responsible for Payment of Fees:

i) I will be responsible for my own expenses

ii) My expenses will be paid by _____

Note: If you are taking responsibility for your own expenses, please fill in the form yourself.

If somebody else (Church / Organisation / Individual) is paying the expenses, please ask them to fill in and sign the form.

Name of Student (Block Letters):_____

Name of Sponsor (Where Applicable):_____

I am prepared to pay fees as follows:

1. REGISTRATION, EXAMINATION, TUITION, MATERIALS, LIBRARY ETC.
2. Recommended Book allowance per year :_____
3. Practical Training & Resource Material :_____

Signature:_____ Date:_____

Name and address of the person to whom BILLS should be sent for payment (BLOCK LETTERS)

NAME:_____

Address:_____

_____

_____

E-mail_____

Mobile No._____ Tel/Mob.No._____