

**Application for CMC LUDHIANA COLLEGE SPONSORSHIP**  
**-UG Admissions MBBS/BDS 2024 (Last Date to apply: 6<sup>th</sup> April-2024\*)**



**Instructions for applying for COLLEGE SPONSORSHIP For UG-MBBS/BDS 2024**

- 1. Candidates applying to any of the Churches/Member bodies of CMC Ludhiana Society for Sponsorship & Service Commitment and fall under Categories 2A to 2F should not fill this proforma. This is only for Sponsorship from CMC Ludhiana.**
- 2. Print, Fill, Scan and Email the page with particulars (pg no 2) of this proforma to [cmcmissonsoffice@gmail.com](mailto:cmcmissonsoffice@gmail.com) along with scanned Church Membership (in correct format, see sample pg no 3 of this document) and Baptism Certificates.**
- 3. Please send a print out of the BFUHS application form (when you receive the same) to the Registrar, CMC Ludhiana for information and follow up. Quote the NEET Roll Number in all correspondences to [registrar@cmcludhiana.in](mailto:registrar@cmcludhiana.in)**
- 4. Filling of all fields is mandatory. Incomplete forms will not be considered. It is responsibility of candidate to read the instructions carefully before filling this form. It is mandatory that this completed Proforma and supportive documents reach the CMC Missions Office latest by 6-April-2024\*. The candidate will be required to appear for a Bible Test and fill its online form; details will be available on [www.cmcludhiana.in](http://www.cmcludhiana.in)**

**\*Keep monitoring the above website for any change of last date.**

Candidates should read the Bible Test Information & Instructions in detail once available on website.

Candidates should visit the website [www.cmcludhiana.in](http://www.cmcludhiana.in) periodically for updates.



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The Director  
Christian Medical College  
Ludhiana, Punjab  
[cmcmisisonoffice@gmail.com](mailto:cmcmisisonoffice@gmail.com)

Dated:

Dear Sir,

I am applying for the MBBS ( ) / BDS ( ) Course (Please tick) for the academic session 2024-25, at Christian Medical College Ludhiana, in the 'Christians with Service Commitment Category' - **Category 2G**. Toward this I wish to be endorsed by the Christian Medical College Ludhiana. I hereby undertake that if I am selected, I promise to fulfill the service commitment to work in the Christian Medical College Ludhiana or any of its outreach centers/Hospitals under CMC Ludhiana Society for a period of two years after MBBS/one year in the Christian Dental College or any of its outreach centers/ Hospitals under CMC Ludhiana Society after BDS on completion of my training period.

Yours Sincerely

(Signature of the Candidate)

(Signature of Parent)

1. Full Name of the Candidate:

\_\_\_\_\_

(In block letters, as given in the application form)

2. Father's Name: \_\_\_\_\_; Mother's Name: \_\_\_\_\_

3. 2024 UG NEET ROLL No: \_\_\_\_\_ 4. BFUHS ID \_\_\_\_\_

(If not registered at time of submission of this form, update as soon as it is received, on online portal and by email to registrar@cmcludhiana.in):

4. Complete Postal Address

Email ID: \_\_\_\_\_

(please give email id which is checked periodically by you)

5. State of Domicile: \_\_\_\_\_

6. Phone Number: \_\_\_\_\_ (R) \_\_\_\_\_ (M)

7. Date of birth: \_\_\_\_\_ 8. Gender: Male / Female (Please circle/tick)

9. Church/Denomination \_\_\_\_\_

Duration of Membership: \_\_\_\_\_ yrs ; Date of Baptism: \_\_\_\_\_

10. Zone: 2G

11. Are your parents/siblings graduates/post graduates of CMC Ludhiana/CMC Vellore ? Yes/No

Give details of their Service Completion if applicable :

**I have read the instructions for filing this form and I hereby declare that the information, I have given in this application is true and I understand that any false information will result in cancellation of my/my ward's candidature.**

Signature of Applicant : \_\_\_\_\_ Signature of Parent : \_\_\_\_\_

**\*Keep monitoring the above website for any change of last date.**



**SAMPLE**

**CHURCH MEMBERSHIP CERTIFICATE**

(This information is for MBBS/BDS Admissions 2024-CMC, Ludhiana.)

Name of the Candidate ..... Date:.....

Date of Birth:.....

Father's Name:.....

Mother's Name:.....

Address:.....

This is to certify that, as per our church records, Mr./Ms..... is a member of our Church from.....till..... He/She is communicant/non-communicant member.

Name of the Church:.....

Address of the Church:.....

Telephone No:..... E mail address:.....

Name of the Presbyter\* Incharge of the Church: .....

Address:.....

Telephone No:..... Mobile No:.....

E mail address:.....

Head of the Church\*\*:..... Telephone No.....

Head Office of the Church (Address).....

Signature of Pastor/Presbyter\* Incharge of the Church  
with official seal & date

Verified the Signature & details of the Presbyter-in-charge of the Church

Signature of Head of the Church\*\*:  
with official seal & date

\* Presbyter / Minister / Reverent / Pastor / Vicar

\*\* Bishop / Senior Presbyter / Senior Pastor / Senior Minister

**(It is important to have both signatures with the particulars, otherwise it is not valid)**