### CHRISTIAN MEDICAL COLLEGE, LUDHIANA

# Institute of Allied Health Sciences

b)

## **APPLICATION FORM**

Paste Passport Size Photo

LAST DATE FOR SUBMISSION OF APPLICATION FORM 05.09.2024 **ENCIRCLE COURSE APPLIED FOR: B.Sc. / DIPLOMA** Name: Sex: 2. Father's Name : ..... Mother's Name : ..... 3. 4. Date of Birth: ......Age ......Religion: 5. Category Applied for (Encircle) – 1-Christian, 2-General, 3-SC, 4-BC, District : ...... City/Village : ..... Correspondence Address (Attach photocopy of Proof of Residence): Permanent Address: 10. Phone (Including STD Code): ...... (M) ACADEMIC QUALIFICATION MATRICULATION /10<sup>™</sup> CLASS OR EQUIVALENT EXAMINATION(Attach Xerox copy of certificate) Name of School ..... Name of University / Board/Body ..... Year of Passing .......Division ......Roll No..... 10+1 CLASS OR EQUIVALENT EXAMINATION(Attach Xerox copy of certificate) Name of School ..... Year of Passing .......Division ......Roll No..... SUBJECT MAX. MARKS MARKS OBTAINED PERCENTAGE GAINED ..... 3. 10+2 CLASS OR EQUIVALENT EXAMINATION(Attach Xerox copy of certificate) Name of School ...... Name of University / Board/Body Year of Passing ......Division ......Roll No.....Roll No..... SUBJECT MAX. MARKS MARKS OBTAINED PERCENTAGE GAINED ...... ..... ...... Paramedical Diploma (Subject) ..... 

Medical College from which trained .....

	• • •							
(i)	Baptism certificate iss	sued by :						
(ii)	Church Membership							
Sch	nedule Caste Candidat	е						
(i) N	Name of the Caste:							
(ii) (	Certificate Issued by :							
Bac	kward Class Certifica	te						
(i) (	Certificate issued by:							
Det	ails of Application Fee	: Bank draft for Rs.3,000/	-(Three Thousand only) fo	or Diploma or Degree course				
		Rs.15,000/- (Fifteen thousand) for NRI candidates						
		Add Rs 500/- If application form is downloaded from the website,						
		payable to "Christi	an Medical College	Ludhiana Society" at				
		Ludhiana.						
Nar	ne of Issue Bank	Bank Draft No.	Dated	Amount Rs.				
Dat	e		Signature of Candida	te				

Application form complete in all respects must reach to the office of the Registrar, Christian Medical College Ludhiana- 141 008, Punjab on or before 05.09.2024, by 05:00 pm.

### Checklist:

- 1. Application form duly filled in.
- 2. Bank Demand Draft

**Christian Applicants** 

- 3. Photo copies of the following:-
- a) 10<sup>th</sup> class or matriculation certificate showing date of Birth.
- b) 10+1 detail marks certificate.
- c) 10+2 or equivalent examination certificate and detail mark certificate.
- d) Paramedical Diploma and Mark sheets (If applicable)
- e) Scheduled Caste / Backward Class Certificate (if applicable)
- f) Proof of address (eg. Aadhar Card / Voter Card etc.)
- g) Baptism Certificate, Confirmation Certificate and letter from the Pastor about Church Membership (for Christian applicants only).
- h) Migration Certificate. If issued by the School authority, must be Counter-signed by the concerned DEO.

<u>Note</u>: NRI applicants are required to submit their documents as listed on page - 12, at the time of counselling.

# CHRISTIAN MEDICAL COLLEGE, LUDHIANA IAHS EXAMINATION CENTRE RULES

- 1. Candidates shall be present at the centre 30 minutes before the commencement of the examination.
- 2. No candidate without an Admit Card shall be allowed to sit in the hall by the Centre Superintendent.
- No Candidate shall be allowed to leave the Hall before the conclusion of the test and without handing over the answer sheet to the invigilator concerned.
- 4. Candidates should use black ball point pen only to write particulars on the answer sheet.
- 5. This Admit Card is issued provisionally to the candidate subject to his / her satisfying the eligibility conditions.

CHRISTIAN MEDICAL COLLEGE	IAHS Admission Written Test	ADN CAF		ROLL No.	OR OFFICE USE	DATE OF EXAMINATION 12.09.2024 TIMINGS For B.Sc. Degree & Diploma Courses 11:00 am to 1:00 pm BE SEATED BY: 10:45 am
NAME AND ADDRESS OF THE CANDIDATE			PASTE HERE PHOTOGRAI ALOI	PASSPORT SIZE PH AND SUBMIT NG WITH ATION FORM	CENTRE OF EXAMINATION FOR OFFICE USE  BASIC HEALTH SCIENCE BLOCK  4TH FLOOR, CMC, LUDHIANA	
WRITE IN CLEAI	R BOLD LETTERS	PIN CODE	SIGNAT	URE OF THE CA	ANDIDATE	SIGNATURE OF THE REGISTRAR