

**CHRISTIAN MEDICAL COLLEGE, LUDHIANA**  
**Institute of Allied**  
**Health Sciences**

**APPLICATION FORM**



LAST DATE FOR SUBMISSION OF APPLICATION FORM 12.09.2022

**ENCIRCLE COURSE APPLIED FOR : B.Sc. / DIPLOMA**

1. Name : ..... Sex: .....
2. Father's Name : .....
3. Mother's Name : .....
4. Date of Birth : ..... Age ..... Religion : .....
5. Category Applied for (Encircle) – 1-Christian, 2-General, 3-SC, 4-BC, 5-NRI
6. Marital Status : .....
7. Country : ..... State : .....  
 District : ..... City/Village : .....
8. Correspondence Address (Attach photocopy of Proof of Residence ):  
 .....  
 .....
9. Permanent Address : .....  
 .....
10. Phone (Including STD Code) : ..... (M) .....

**ACADEMIC QUALIFICATION**

1. MATRICULATION /10<sup>TH</sup> CLASS OR EQUIVALENT EXAMINATION(Attach Xerox copy of certificate)  
 Name of School .....  
 Name of University / Board/Body .....  
 Year of Passing ..... Division ..... Roll No.....
2. 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.....  

SUBJECT	MAX. MARKS	MARKS OBTAINED	PERCENTAGE GAINED
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
4. Paramedical Diploma (Subject) .....  
 a) Duration of training : From ..... to ..... (..... Years)  
 b) Medical College from which trained .....

### Christian Applicants

(i) Baptism certificate issued by : .....

(ii) Church Membership .....

### Schedule Caste Candidate

(i) Name of the Caste : .....

(ii) Certificate Issued by .....

### Backward Class Certificate

(i) Certificate issued by : .....

**Details of Application Fee:** Bank draft for Rs.3,000/- (Three Thousand only) for 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 "**Christian Medical College Ludhiana Society**" at  
**Ludhiana.**


Name of Issue Bank	Bank Draft No.	Dated	Amount Rs.
.....	.....	.....	.....

Application form complete in all respects must reach to the office of the Registrar, Christian Medical College Ludhiana- 141 008, Punjab on or before 12.09.2022 by 05:00 pm.

### 📋 Checklist :

1. Application form duly filled in.
2. Bank Demand Draft
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 (Aadhar Card)
  - 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.

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

CHRISTIAN MEDICAL COLLEGE  LUDHIANA	<b>IAHS Admission Written Test</b>	<h1>ADMIT CARD</h1>	<b>ROLL NO.</b> <small>FOR OFFICE USE</small>	<b>DATE OF EXAMINATION</b> 14.09.2022  <b>TIMINGS</b> For B.Sc. Degree & Diploma Courses 11:00 am to 1:00 pm <b>BE SEATED BY :</b> 10:45 am
<b>NAME AND ADDRESS OF THE CANDIDATE</b>      	<b>PHOTO OF THE CANDIDATE</b>  PASTE HERE PASSPORT SIZE PHOTOGRAPH AND SUBMIT ALONG WITH APPLICATION FORM	<b>CENTRE OF EXAMINATION</b> <small>FOR OFFICE USE</small>  <b>BASIC HEALTH SCIENCE BLOCK 4TH FLOOR, CMC, LUDHIANA</b>		
<p style="text-align: right;"><b>PIN CODE</b></p> <p style="text-align: center;"><b>WRITE IN CLEAR BOLD LETTERS</b></p>		<b>SIGNATURE OF THE CANDIDATE</b>	<b>SIGNATURE OF THE REGISTRAR</b>	

## 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.
3. 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.