

**Sponsorship**  
**For admission to The Christian Medical College, Ludhiana**  
by The Malankara Orthodox Syrian Church, Catholicate of the East

**( BSc Nursing )**  
**General Instructions-2026**

- ❖ Sponsorship is available for BSc Nursing.
- ❖ The **Application Form for the Sponsorship 2026** will be available on the MGOCSM Website: [www.mgoesm.in](http://www.mgoesm.in)
- ❖ The Prospectus for the same has been published on the website [www.cmcludhiana.in](http://www.cmcludhiana.in) under College Admissions 2026.
- ❖ **Attach a copy of application, Church Membership Certificate and Baptism Certificate**
- ❖ Remit ₹ 600/- (**Rupees of Six Hundred Only**) online in the account detail mentioned in the application form.
- ❖ Properly filled application, along with baptism certificate and parish membership certificate must be send by post to : **The General Secretary, MGOCSM Orthodox Student Centre, College Road, Kottayam -686001.**
- ❖ Also send clear pdf format soft copy of application and other documents to [mocsponsorship@gmail.com](mailto:mocsponsorship@gmail.com). (**Please be advised that we will only be accepting files in PDF format. Any other file formats will not be accepted.**)
- ❖ Last date for receipt of completely filled application form at MGOCSM Kottayam office is **15.05.2026**
- ❖ Communication will be through email. Kindly do check your email regularly.
- ❖ Partially filled applications will be rejected.
- ❖ For more details contact:

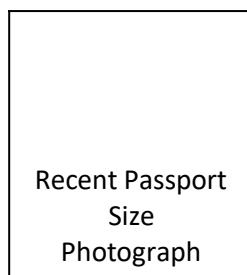
**MGOCSM office**

**Contact No: +91 8330031908 (10 AM – 05 PM)**

**(Kindly note office will be closed on Sunday)**

**Application for BSc Nursing Sponsorship- 2026  
For admission to The Christian Medical College, Ludhiana  
By The Malankara Orthodox Syrian Church, Catholicate of the East**

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1. Name of Candidate (In Capital) :
2. Address for Communication with PIN code :
3. Phone No: :
4. E-mail :
5. Sex : Male / Female /Others
6. Date of Birth :
7. Name of Mother & Father :
8. Qualifying examination passed :
9. Reg No & Year of passing :
10. Extra-curricular activities during school years :
11. Church Activities :
12. Highest examination passed in Sunday school :
13. Any other relevant information :

**Declaration**

I hereby declare that the information given above is true to the best of our knowledge and belief

**Signature of Mother / Father**

**Signature of candidate**

**Recommendation of the Parish Vicar**

This is to certify that \_\_\_\_\_, son of / daughter  
of \_\_\_\_\_ is  
a member of \_\_\_\_\_ Church, \_\_\_\_\_,  
belonging to the Malankara Orthodox Syrian Church of which His Holiness The Catholicos of the East  
is the head and the register number of the family in the Parish register is \_\_\_\_\_.

Place:

**Church Seal**

**Name & Signature of Vicar**

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**Payment Details**

Remit the application fee to the account mentioned below. If done online, do mention the name of the candidate in the transaction and also write the transaction id in the box below.

Name : MGOCSM

Account Number : 57008471425

IFSC : SBIN0070484

State Bank of India (SBI) CMS College Branch, Kottayam

| <b>Date</b> | <b>Name of Bank &amp; Branch</b> | <b>Amount</b> | <b>Transaction ID</b> |
|-------------|----------------------------------|---------------|-----------------------|
|             |                                  | 600/-         |                       |

## PLEDGE FORM

### **Pledge to be signed by every sponsored candidate and the Parent/Legal guardian**

I realize that the Christian Medical College and Hospitals established to train doctors or paramedical personnel in the spirit of Christ for service in the relief of suffering and promotion of health. Keeping in mind this important objective ,I realize that after training here I am expected to continue to serve in this spirit all my life .I understand that the service obligation agreement period of two (2) years for degree is fixed purely for practical considerations. After the service obligation agreement period I shall endeavor to continue to serve the church. During the training period I would be willing to help the sponsoring body in any way required of me, especially during my holidays. I shall also endeavor to be involved in the activities of the sponsoring body.

**Name of the candidate ( in capital letters) :**

**Date: .....**

**Signature of Candidate**

**Address: -----**  
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I have read basic concept of sponsorship and understood the meaning of the pledge signed by my son  
/daughter /ward /Mr/Ms \_\_\_\_\_ and I shall  
encourage him /her in every way to fulfill the commitment mentioned in the Pledge.

**Signature of Father**

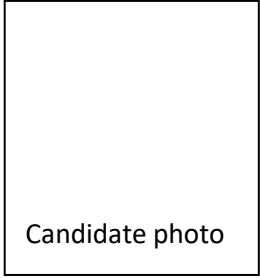
**Signature of mother**

**Date: .....**



**CHRISTIAN MEDICAL COLLEGE LUDHIANA - 2026 SESSION**

**PROFORMA FOR SPONSORSHIP – BSc Nursing**



BODY/CHURCH OF CMC LUDHIANA SOCIETY: \_\_\_\_\_

Candidate photo

This is to certify that this candidate applying in the **B.Sc NURSING COURSE** at Christian Medical College Ludhiana for the 2026 session is hereby sponsored by us.

1. Full Name of the Candidate:

\_\_\_\_\_

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

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

3. CMC (UG-BSc Nursing AWT 2026) Application No: \_\_\_\_\_ (If available)

4. Complete Postal Address

\_\_\_\_\_

\_\_\_\_\_

Email id: \_\_\_\_\_

(As given in the application form)

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

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

7. Date of birth: \_\_\_\_\_

8. Gender: Male / Female

9. Church /Denomination \_\_\_\_\_: Duration of Membership: \_\_\_\_\_ yrs

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**Signature of ‘Authorized Signatory’ of the Body/Church of CMC Ludhiana Society**

Seal:

Date:

***Filling of all fields is mandatory. (It is mandatory that this completed Proforma and the complete list of sponsored candidates reaches the office of the Registrar by 24<sup>th</sup> May 2026\* [registrar@cmcludhiana.in](mailto:registrar@cmcludhiana.in))***

***\*Monitor the website [www.cmcludhiana.in](http://www.cmcludhiana.in) for any Date change***

2026