

**Application For MD-MS, PG Diploma  
Sponsorship for Admission to The Christian Medical College, Ludhiana-2023  
session By The Malankara Orthodox Syrian Church**

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Photo

1. Name of candidate ( In Capital ) :
2. Address for communication with PIN code :
3. Phone No :
4. Email :
5. Sex : Male / Female/ Others
6. Date of Birth :
7. Name of Mother/ Father :
8. Church Activities :
9. Highest Examination Passed In Sunday School :
10. Any Other Relevant Information :

**Recommendation of the Parish Vicar**

This is to certify that ..... son/  
daughter of..... is a member  
of.....church,..... belonging to  
the Malankara Orthodox Syrian Church of which His Holiness the Catholicose of the East is the head  
and the register number of the family in the parish register is.....

Place:

Date:

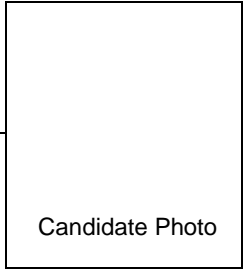
Name & Signature of Vicar

Church Seal

**PROFORMA FOR SERVICE COMMITMENT - POSTGRADUATE  
COURSES AT CHRISTIAN MEDICAL COLLEGE LUDHIANA - 2023 SESSION**

MEMBER BODY, CMC LUDHIANA SOCIETY: \_\_\_\_\_

This is to certify that this candidate is being sponsored for the Post Graduate courses at Christian Medical College Ludhiana for the 2023 session. (MD/MS Degree)



1. Full Name of the Candidate: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

3. CMC (PG Admn 2023) Application No: \_\_\_\_\_ BFUHS Application No.: \_\_\_\_\_

(If not registered at time of submission of this form, update as soon as it is received, by email to [registrar@cmcludhiana.in](mailto:registrar@cmcludhiana.in))

NEET PG 2023 ROLL No: \_\_\_\_\_

4. a) Complete Postal Address (As given in the application form):

\_\_\_\_\_

b) Email ID: \_\_\_\_\_

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

6. Phone Number: \_\_\_\_\_ (Res) \_\_\_\_\_ (Mob)

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

8. Gender: Male / Female

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

**10. The Candidate has served in the following hospital(s) for 2 years by 31<sup>st</sup> May 2023**

**(Please mention name(s) of the hospital(s)) ; Mandatory for Eligibility for Sponsorship):**

\_\_\_\_\_

**Signature of 'Authorized Signatory' of the Member body, CMCL Society:**

Seal:

Date:

*Filling of all fields is mandatory. (This completed Proforma should mandatorily reach the office of the Registrar by 5<sup>th</sup> April\* 2023 by mail; Forms reaching after this date will not be considered. registrar@cmcludhiana.in)*

**\*Keep monitoring [www.cmcludhiana.in](http://www.cmcludhiana.in) for any date change**

**Please Note:**

- The application form for the sponsorship will be available at MGOCSM Website: [www.mgoicsm.in](http://www.mgoicsm.in)
- Attach a copy of Baptism Certificate.
- Enclose experience certificate with two year of experience, from hospitals run by Malankara Orthodox Syrian Church.
- Forward the fully filled application form with attached data to **mocsponsorship@gmail.com**.
- Last date for submitting completely filled application is 15<sup>th</sup> March 2023
- For more details contact –

Rev.Fr. Jiju Varghese: 9497257303

Subi George John: 7907657934