

For office Use only
Roll No.

Application Form for MD/MS/PG Diploma Courses

CHRISTIAN MEDICAL COLLEGE

LUDHIANA - 141 008, PUNJAB

ADMISSIONS - 2012

Candidates are instructed to read the prospectus
before filling the Application Form

**Affix Passport
Size Photograph**



Application No. :

1. Name of Applicant _____
2. Sex M/F _____
3. Date of Birth _____
(Enclose 10th Pass certificate)
4. Religion _____
5. Marital Status _____
6. Domicile _____
7. SC/ST/BC/Others _____
8. Father's Name _____
9. Mother's Name _____
10. Address for correspondence _____

Pin Code _____ Telephone _____ Mobile _____

E-mail _____ Fax _____

11. CENTRE FOR ADMISSION WRITTEN TEST (LUDHIANA, NEW DELHI & KOCHI) : _____

12. CATEGORY A _____ B Open
(Tick as applicable) (Sponsoring Agency, attach sponsorship letter)

13. Choice of speciality I II III (Candidates may choose to appear for one, two or all three tests)
(For Part B Examination)

- I. Surgery, Orthopaedics, Ophthalmology, Obstetrics & Gynaecology
II. Medicine, Paediatrics, Anaesthesia, Radio-diagnosis, Radiotherapy
III. Anatomy, Biochemistry, Physiology, Pathology, Pharmacology

(No request for change of 'Choice of speciality' will be entertained after 17th February 2012)

14. APPLICATION FEE DETAILS :

Amount	D.D. No.	Date	Name of Bank

15. MBBS COURSE DETAILS : COLLEGE :

UNIVERSITY :

Examination	Month & Year of Passing	Marks Obtained/Total Marks	% Obtained
1st Professional			
2nd Professional			
Final Prof - Part 1			
Final Prof - Part 2			
TOTAL			

(Enclose all Professional marks sheet)

16. COMPULSORY ROTATING INTERNSHIP PROGRAMME

College/Hospital	University	Starting Date	Date of Completion

17. REGISTRATON WITH MEDICAL COUNCIL OF INDIA / STATE MEDICAL COUNCIL

Registration No.	Date	Temporary / Permanent	State Council / MCI

18. CONDUCT CERTIFICATE FROM THE PRINCIPAL OF THE MEDICAL COLLEGE LAST ATTENDED

Name of the Medical College	Name of the Principal	Date

19. NO OBJECTION CERTIFICATE FROM THE APPOINTING AUTHORITY WHERE WORKING (IF APPLICABLE)

Name of the Organisation	Name of the Appointing Authority	Date

20. For Graduates of Christian Medical College, Ludhiana - MBBS Course

Date of Joining	College Roll No.	Date of Passing	Mission Sponsored		College Sponsored		Staff Dependent	
			Yes	No	Yes	No	Yes	No

Place of Service	Period of Service	Total Period	Remarks if any

21. For Graduates of other Medical College - MBBS Course

Date of Joining	College Roll No.	Date of Passing	Name of the College	Sponsorship Agreement	
				Yes	No

22. Period of Service Obligation after MBBS Completion

Sponsoring Agency	Period of Service
From	To
	Total

23. POST GRADUATE DIPLOMA PROGRAMME (if any) : (Specify Course / Subject) :

College	University	Date of Completion	If sponsored		Period of Service obligation		
			Yes	No	From	To	Total

24. FOR THOSE WORKED/WORKING IN CHRISTIAN MEDICAL COLLEGE, LUDHIANA FOLLOWING GRADUATION AND AFTER COMPLETION OF SERVICE OBLIGATION IF ANY

Department	Designation	From	To	Total Period	Appointing Authority	Remarks

Please produce for letter(s) from the appointing authority(ies) to this effect.

25. FOR CHRISTIAN APPLICANTS ONLY

Church Membership Certificate with Date		
Denomination of the Church with Address		
Baptism Certificate	Yes	No
Confirmation Certificate		Yes
		No

Any other relevant information _____

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 candidature.

I will produce photocopies of relevant documents and that no credit will be allowed without a supporting certificate issued by competent authority.

I have attached two passport size photographs to the Form, and have written my name on the back of each photo and signed.

Date :

Signature of Applicant

Check List :

- * Application Form 100
- * Application Form 99

