

	<b>CHRISTIAN MEDICAL COLLEGE LUDHIANA SOCIETY</b>		PASTE PASSPORT SIZE PHOTOGRAPH  STAPLE 2 ADDITIONAL PASSPORT PHOTOGRAPHS
	<b>ROLL NO.</b> (For office use only)	<b>APPLICATION FOR BPT ADMISSION WRITTEN TEST</b> <b>'BPT-AWT 2024'</b>  FILL IN DETAILS IN CAPITAL LETTERS ONLY	

NAME OF APPLICANT (Full name as in Matriculation certificate)
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**PERSONAL DETAILS**

NAME OF FATHER			
NAME OF MOTHER			
DATE OF BIRTH	GENDER:	RELIGION:	
IF CHRISTIAN, MEMBER OF WHICH CHURCH:			
DURATION OF MEMBERSHIP:		DATE OF BAPTISM:	
STATE OF DOMICILE/RESIDENCE:			
CORRESPONDENCE ADDRESS:			
TELEPHONE NO.	RESIDENCE (WITH STD CODE)	MOBILE	ALTERNATE
EMAIL ID:			

**TEST CENTER: CMC LUDHIANA**

**ACADEMIC DETAILS**

	BOARD	YEAR OF PASSING	STATE FORM WHERE COMPLETED	RESULT (CGPA/PERCENTAGE)
X STD				
XI STD				
XII STD				

**CATEGORY THE CANDIDATE IS APPLYING IN:** (Refer to the Bulletin – Page 12 and tick the appropriate category):

**BPT**

<b>Category</b>	<b>Category Code</b>	<b>PLEASE TICK</b>
All India including Punjab Open General	1	
All India Including Punjab Christian Minority	2	
SC/ST from Punjab	3	
BC from Punjab	4	
NRI	5	

**TRANSACTION DETAILS**

<b>BANK NAME</b>	<b>DEMAND DRAFT – in favour of ‘Christian Medical College Ludhiana Society’, Payable at Ludhiana. (Amount: Rs.3500/-)</b>	
	<b>Number</b>	<b>Date</b>

**DECLARATION**

I hereby declare that I have read the information bulletin in its entirety. I hereby declare that I am an Indian National. I understand that the Application Fee once paid is not refundable. I hereby declare that the Information provided by me is true and correct to the best of my knowledge. I further declare that I will provide the original of all certificates, relevant to the claims made by me, at the time of admission. I agree to forfeit my claim to admission in the event any information provided by myself is found to be false or I am unable to produce the relevant original certificates.

**ENCLOSURES FOR ALL CANDIDATES:**

Copies of 10<sup>th</sup>, 10+1, 10+2 Detailed mark Lists and Domicile certificate

**ADDITIONAL ENCLOSURES FOR ‘CHRISTIAN MINORITY CATEGORY’:**

Copies of: 1. Church Membership Certificate (As per format) 2. Baptism Certificate

Take a print out of the form, complete it and send the same along with enclosures by Courier/ by hand to “The Registrar, Christian Medical College, Ludhiana- 141008, Punjab” ; latest by 24<sup>th</sup> June, 2024.

**NAME**

**SIGNATURE**

**DATE**

*(Refer to Prospectus page 13 for filling the application form and for necessary documents to be attached)*