



**Application for CMC LUDHIANA COLLEGE SPONSORSHIP
-UG Admissions MBBS/BDS 2025 (Last Date to apply: 10th April-2025*)**

Instructions for applying for COLLEGE SPONSORSHIP For UG-MBBS/BDS 2025

- Candidates applying to any of the Churches/Member bodies of CMC Ludhiana Society for Sponsorship & Service Commitment and fall under Categories 2A to 2F should not fill this proforma. This is only for Sponsorship from CMC Ludhiana (category 2G)**
- Print, Fill, Scan and Email the page with particulars (pg no 2) of this proforma to cmcmissonsoffice@gmail.com along with scanned Church Membership (in correct format, see sample pg no 3 of this document), Baptism Certificate and proof of payment of application fee.
- Kindly deposit application fee amount of Rs 500 along with the form and share online transaction receipt along with the application form in the following bank account.

Beneficiary name: Christian Medical College Ludhiana Society
Beneficiary Account number: 99915999999990
Beneficiary Bank Name: HDFC bank
IFSC code: HDFC 0000034
SWIFT code: HDFCINBB
- Please send a print out of the BFUHS application form (when you receive the same) to the Registrar, CMC Ludhiana for information and follow up. Quote the NEET Roll Number in all correspondences to registrar@cmcludhiana.in
- Filling of all fields is mandatory. Incomplete forms will not be considered. It is responsibility of candidate to read the instructions carefully before filling this form. It is mandatory that this completed Proforma and supportive documents reach the CMC Missions Office (cmcmissonsoffice@gmail.com) latest by 10th-April-2025*. The candidate will be required to appear for a Bible Test and fill its online form; details will be available on www.cmcludhiana.in**

***Keep monitoring the above website for any change of last date.**

Candidates should read the Bible Test Information & Instructions in detail once available on website.

Candidates should visit the website www.cmcludhiana.in periodically for updates.



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-UG Admissions MBBS/BDS 2025 (Last Date to apply: 10th April-2025*)

The Director
 Christian Medical College
 Ludhiana, Punjab
cmcmisionsoffice@gmail.com

Dated: _____

Dear Sir,

I am applying for the MBBS () / BDS () Course (Please tick) for the academic session 2025-26, at Christian Medical College Ludhiana, in the ‘Christians with Service Commitment Category’ - **Category 2G**. Toward this I wish to be endorsed by the Christian Medical College Ludhiana. I hereby undertake that if I am selected, I promise to fulfill the service commitment to work in the Christian Medical College Ludhiana or any of its outreach centers/Hospitals under CMC Ludhiana Society for a period of two years after MBBS/one year in the Christian Dental College or any of its outreach centers/ Hospitals under CMC Ludhiana Society after BDS on completion of my training period.

Yours Sincerely

(Signature of the Candidate)

(Signature of Parent)

1. Full Name of the Candidate: _____

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

2. Father’s Name: _____; Mother’s Name: _____

3. 2025 UG NEET ROLL No: _____ 4. BFUHS ID _____

(If not registered at time of submission of this form, update as soon as it is received, on online portal and by email to registrar@cmcludhiana.in):

4. Complete Postal Address _____

Email ID: _____
 (please give email id which is checked periodically by you)

5. State of Domicile: _____

6. Phone Number: _____ (R) _____ (M)

7. Date of birth: _____ 8. Gender: Male / Female (Please circle/tick)

9. Church/Denomination _____

Duration of Membership: _____ yrs ;Date of Baptism: _____

10. Zone: 2G

11. Are your parents/siblings graduates/post graduates of CMC Ludhiana/CMC Vellore ? Yes/No

Give details of their Service Completion if applicable :

12. Application Fee (Rs 500) Payment details:

I have read the instructions for filing this form and 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/my ward’s candidature.

Signature of Applicant : _____ Signature of Parent : _____

***Keep monitoring the above website for any change of last date.**



SAMPLE

CHURCH MEMBERSHIP CERTIFICATE

(This information is for MBBS/BDS Admissions 2025-CMC, Ludhiana.)

Name of the Candidate Date:.....

Date of Birth:.....

Father's Name:.....

Mother's Name:.....

Address:.....

This is to certify that, as per our church records, Mr./Ms..... is a member of our Church from.....till..... He/She is communicant/non-communicant member.

Name of the Church:.....

Address of the Church:.....

Telephone No:..... E mail address:.....

Name of the Presbyter* Incharge of the Church:

Address:.....

Telephone No:..... Mobile No:.....

E mail address:.....

Head of the Church**:..... Telephone No.....

Head Office of the Church (Address).....

Signature of Pastor/Presbyter* Incharge of the Church
with official seal & date

Verified the Signature & details of the Presbyter-in-charge of the Church

Signature of Head of the Church**:
with official seal & date

* Presbyter / Minister / Reverent / Pastor / Vicar

** Bishop / Senior Presbyter / Senior Pastor / Senior Minister

(It is important to have both signatures with the particulars, otherwise it is not valid)