

Sponsorship - PG - MD/MS course 2025 at CMC, Ludhiana

Applications are invited for Mar Thoma Sponsorship for P.G MD/MS Courses 2025 at Ludhiana Christian Medical College. Applicant should be a member of Mar Thoma Church and **applicant should have COMPLETED MINIMUM 2 YEARS OF SERVICE IN ONE OF THE HOSPITAL/HOSPITALS UNDER THE CMC LUDHIANA SOCIETY**. Candidates who clear P.G NEET exam will be considered for admission. Application forms can be downloaded from the website of Delhi Diocese (www.delhidiocese.com). Completed applications should reach the Diocesan Bishop / Diocesan Secretary, Mar Thoma Diocesan Centre, 26, Bhai Vir Singh Marg, Gole Market, New Delhi – 110001, Ph. : 23348800, Mob.: 9910894852 on or before July 01, 2025.

Candidates may also refer to Baba Farid University of Health Sciences website www.bfuhs.ac.in for prospectus and online applications and CMC Ludhiana website www.cmcludhiana.in for registration forms. The candidates advised to keep monitoring these websites regularly for updates.

Rev. Sam Abraham
Diocesan Secretary

Malankara Mar Thoma Syrian Church
DELHI DIOCESE

Sponsorship procedure for MS and MD, at C.M.C & Hospital, Ludhiana

1. Members of the Mar Thoma Syrian Church, for the last 5 years, may apply for sponsorship to the Diocesan Secretary, 26 Bhai Vir Singh Marg, Gale Market, New Delhi- 110 001.
2. The completed application form for sponsorship for Post graduate courses should be sent to the Diocesan Office, at the above address along with a Demand Draft for Rs. 10,000/- in favor of **DELHI DIOCESE MAR THOMA SYRIAN CHURCH OF MALABAR** payable at Delhi, as sponsorship registration fee. The last date for receiving applications for PG is July 01, 2025 before 05 pm by Speed Post/Registered Post/Courier Services. You may transfer the fee amount to the following BANK: **FEDERAL BANK**; BRANCH: **CONNAUGHT CIRCUS**; A/C NAME: **DELHI DIOCESE MAR THOMA SYRIAN CHURCH OF MALABAR**; ACCOUNT NO.:**11050100228438**; IFSC: **FDRL0001105**
3. The sponsorship form must be filled by the candidate in his/her own handwriting.
4. **Applicant should have COMPLETED MINIMUM 2 YEARS OF SERVICE IN ONE OF THE HOSPITAL/HOSPITALS UNDER THE CMC LUDHIANA SOCIETY.** (attach completion certificate)
5. Candidate must attach the following documents.
 - a. Candidate submit certificate of two years completion of service obligation
 - b. Baptism Certificate
 - c. Church Membership Certificate (in the prescribed form)
 - d. Proforma of Service Commitment form (in the prescribed form)
6. The sponsored students, who get admission, should come to the Diocesan Office at New Delhi during the **Office hours (10.00 - 17.00)** with their **Parents, and two witnesses** for submission of their written commitment for service obligation. The Candidate should be ready and willing to serve in any of the Mar Thoma Hospitals especially under Delhi Diocese after completing the course for a period of 3 years as directed by the Diocesan Episcopa.
7. **CMC application form** for admission should be sent directly to the **Registrar, Christian Medical College, Ludhiana, Punjab- 141008.**
8. All candidates should also apply to **Baba Farid University, Punjab** to which CMC, Ludhiana is affiliated.
9. The candidates advised to keep monitoring the the websites : www.cmcludhiana.in and www.bfuhs.ac.in regularly for updates.
10. For any clarifications, please contact the **Diocese Office: 9910894852/ landline number:011-23342828/011- 23348800.**

MALANKARA MAR THOMA SYRIAN CHURCH

DELHI DIOCESE

APPLICATION FOR SPONSORSHIP

For MS/MD courses at C.M C & Hospital, Ludhiana

(TO BE COMPLETED BY THE CANDIDATE)



1. Name of Candidate (Capital Letters) :
2. CMC Application Number :
3. PG NEET Application Number :
4. Address (Capital Letters) :
.....
.....
.....
5. Date of Birth :
6. Mobile :
7. Email Id :
8. If married, Name of Spouse :
Mobile No :
Email Id :
9. Name of Father :
Mobile No :
Email Id :
10. Name of Mother :
Mobile No :
Email Id :

11. Sponsorship applied for :
(Name of the Course)
12. Qualification & Marks obtained :
(Attach certified copies of the mark list)
13. Name of Parish Vicar and Parish :
.....
14. Duration of Membership in :
Malankara Mar Thoma Syrian Church
15. Are you willing to serve the Medical :
Institutions of the Malankara Mar Thoma
Syrian Church in North India? (Yes/ No)

16. Payment mode

BANK TRANSFER	CHEQUE	QR CODE	CASH
UTR NO:			

CHECK LIST:

If You Have attached the documents tick (✓)

- 1. Baptism Certificate
- 2. Two years completion of service obligation
- 3. Church Membership Certificate
- 4. Performa of Service Commitment form
- 5. Application Fee Paid



Name :

Signature :

Date :

CHURCH MEMBERSHIP CERTIFICATE

(This information is for PG – MS/MD admissions 2025 – CMC Ludhiana)

Date

Name of the Candidate :

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 :
.....

Name of Vicar:

Address :
.....

Ph. No. Cell No.

E-mail:

Vicar's signature with official seal & date:

RT. REV. ZACHARIAS MAR APREM EPISCOPA
(Authorized Signatory of the Church of CMC Ludhiana Society)
Address : **Mar Thoma Centre, 26, Bhai Vir Singh Marg,**
Gole Market, New Delhi - 110001
Telephone No. : 011-23348800

Signature with date

Office Seal



**PROFORMA FOR SERVICE COMMITMENT - POSTGRADUATE COURSES
AT CHRISTIAN MEDICAL COLLEGE LUDHIANA - 2025 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 2025 session. (MD/MS Degree)

Candidate Photo

1. Full Name of the Candidate: _____

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

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

Phone Number: _____

3. A. CMC (PG Admn 2025) Application No: _____ BFUHS Application No.: _____

B. NEET PG 2025 ROLL No: _____ (If not registered at time of submission of this form, update as soon as it is received, by email to registrar@cmcludhiana.in)

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 31st July 2025 (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 in original should mandatorily reach the office of the Registrar by 10th July 2025) Forms reaching after this date will not be considered.*

***Keep monitoring www.cmcludhiana.in for any date change**