



**EHA Sponsorship Application form for Medical PG / DCP  
at CMC Vellore - 2021**

**BEFORE FILLING UP THE FORM, KINDLY READ THE INSTRUCTIONS CAREFULLY:**

1. All sponsorships are granted as per the EHA's sponsorship rules and criteria.
2. All the sponsorship applications will be considered by the EHA Sponsorship Committee as per the sponsorship rules and criteria.
3. Submission of sponsorship application does not confirm the grant of sponsorship and/or admission to CMC, Vellore.
4. Candidates applying for sponsorship are further required to ALSO apply to CMC, Vellore.
5. This application form is to be filled in by the candidate in block capital letters.
6. Incomplete application forms and/or application forms with enclosures will not be accepted.
7. The decision of the EHA Sponsorship Committee will be final.
8. Sponsorship application fees will not be refunded under any circumstances.
9. Duly completed application forms should be submitted before 01 March 2021 at-

Sponsorship Desk,  
Emmanuel Hospital Association,  
808/92, Deepali Building, Nehru Place,  
New Delhi- 110019.

10. The scanned copy of the application forms should be sent to [ehagsponsorship2021@gmail.com](mailto:ehagsponsorship2021@gmail.com)

1. Two References are to be attached as mentioned in the application form
2. Two recent stamp size photograph of the candidate- one pasted on the form and one attached.

**Last Date for receiving filled applications: 01 March 2021.**

For any clarification, contact us at: [ehagsponsorship2021@gmail.com](mailto:ehagsponsorship2021@gmail.com)

**Email address of the candidate:**

Sponsorship Fees Rs. 750/- (DD in favour of EMMANUEL HOSPITAL ASSOCIATION Payable at New Delhi OR pay online at <http://give.eha-health.org/donations/sponsorship/>)

Kindly mention the DD / Receipt No. of fee payment: \_\_\_\_\_

**Personal Details:**

1. NAME (as given in the CMC Application form):

2. Date of Birth (DD/MM/YYYY):

3. Gender: (Male/ Female)

4. Marital Status:

(Single/ Married / Separated / Divorced / Widow / Widower)

Name of Spouse (if married):

Occupation of Spouse:

Is your spouse also applying for sponsorship. If yes, give details:

Is your spouse studying/working at CMCV or CMCL. If yes, give details:

5. Correspondence Address:

State:

Pin Code:

6. Permanent Address:

State:

Pin Code:

7. Mobile Number

8. Phone Number

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<p><b><u>Course Details:</u></b></p> <p>Please tick the appropriate boxes given against each course for which Sponsorship is required (<i>maximum three</i>)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> MD Anaesthesia</li><li><input type="checkbox"/> MD Social &amp; Preventive Medicine / Community Medicine</li><li><input type="checkbox"/> MD Dermatology</li><li><input type="checkbox"/> MS Otorhinolaryngology</li><li><input type="checkbox"/> MD Geriatrics</li><li><input type="checkbox"/> MD Family Medicine</li><li><input type="checkbox"/> MD General Medicine</li><li><input type="checkbox"/> MS General Surgery</li><li><input type="checkbox"/> MD Microbiology</li><li><input type="checkbox"/> MD Obstetrics &amp; Gynaecology</li><li><input type="checkbox"/> MS Ophthalmology</li><li><input type="checkbox"/> MS Orthopedics</li><li><input type="checkbox"/> MD Paediatrics</li><li><input type="checkbox"/> MD Pathology</li><li><input type="checkbox"/> MD Physical Med &amp; Rehab</li><li><input type="checkbox"/> MD Psychiatry</li><li><input type="checkbox"/> MD Radiodiagnosis</li><li><input type="checkbox"/> Diploma in Clinical Pathology</li></ul> <p>CMC Vellore (PG Admission 2021) Application Number:</p> <p>NEET Application Number:</p>
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<b>Previous Experience:</b>
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Hospitals	Medical Superintendent	Dates	
		From	To
1.			
2.			
3.			

<b>Previous Sponsorship:</b>
Give details if your are previously sponsored and selected for any course at CMC Vellore

Name of the Course	Year Of Selection	Sponsoring Body	Service Obligation Period. From To

**Educational Details** (Details of Academic Training)

Course	College	Date Of Completion (Expected Date if it is ongoing):
MBBS		
PG Diploma		
PG Degree		

**Family Details:**

Father:

Name	Occupation	Address	Phone No.

Mother:

Name	Occupation	Address	Phone No.

List the academic Skills that you have acquired in EHA hospitals or other hospitals where you have worked:

List the non-medical activities you were involved in the hospital:

What are the major lessons that you have learnt in the EHA hospitals / other hospital where you have worked:

Mention some of the struggles you have had in mission hospitals:

How did you cope with problems in interpersonal relationship?

How did you cope with stress of work and remote location?

Briefly describe your personal Christian faith & experience.

Describe your long term vision / goal.

**PLEDGE BY CANDIDATE:**

Declaration - Please Read this carefully & sign

1. Within one month upon completion of the PG course, I commit myself to join EHA and serve the stipulated service agreement period (excluding maternity/paternity leave).
2. I realize that EHA hospitals are in rural and lonely areas in North, Central & North-East India. I will still be willing to go to any EHA hospitals. The decision of Executive Director, EHA in this regard will be final.
3. In case I get married, and my spouse has a job of his / her own and is not able to accompany me, I realize I will be separated from my spouse, in fulfilling my bond commitments.
4. In case my spouse is a doctor sponsored by another agency then I realize that my sponsorship commitment cannot be shared. I will still be willing to complete the stipulated sponsorship agreement period.
5. It is possible my parents may not keep good health and may greatly desire my presence, in spite of this; I will not make it a reason to keep me from fulfilling my sponsorship commitments.
6. I will abide by all the EHA rules and regulations.
7. I realize that if I am selected for the PG course, I will immediately have to sign a service commitment agreement on stamp paper.
8. I understand that EHA' sponsorship does not involve any financial assistance.
9. I understand that EHA hospitals are not specialist hospitals and so I am willing to see all the patients coming to the hospital and am willing to take general duties despite my qualifications as a specialist.
10. I commit myself to work together with other as a team in the hospital that I am posted.

I have read and understood these instructions and I solemnly agree to abide by them.

Signature of the Applicant:

Name of the Applicant:

Date:

Place:

**Enclosures:**

Kindly send enclosures A, B & C (as mentioned below) along with the sponsorship application form to:

SPONSORSHIP DESK,  
EMMANUEL HOSPITAL ASSOCIATION,  
808/92, Deepali Building, Nehru Place, New Delhi- 110019

A. Two recent stamp size photograph of the candidate- one pasted on the form and other attached.

B. Two references in sealed cover from the following:

Reference 1. Medical Director / Medical Superintendent of the hospital you are working/worked in

Reference 2. Managing Director / Senior Doctor / Senior Administrator under whom you have worked (Other than the Medical Superintendent)

To print the references kindly click the link below:

<https://goo.gl/umbNGa>

C. Previous Experience certificate(s)

LAST DATE TO SUBMIT THE APPLICATION FORM: 01 March 2021