

**EHA Sponsorship Application form for Medical PG at CMC
Ludhiana - 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, Ludhiana.
4. Candidates applying for sponsorship are further required to ALSO apply to CMC, Ludhiana & BFUHS.
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 30 June, 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 sponsorship@eha-health.org

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: 30 June, 2021

For any clarification, contact us at: sponsorship@eha-health.org or 9821397356 / 011- 40583747

Email address of the candidate:

Sponsorship Fees Rs. 750/-

To 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:

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

State

Pin Code:

6. Permanent Address:

State

Pin Code:

7. Mobile Number

Course Details:

Please tick the appropriate boxes given against each course for which Sponsorship is required
(*maximum three*)

- MD Anaesthesia
- MD Social & Preventive Medicine / Community Medicine
- MD Dermatology
- MS Otorhinolaryngology
- MD Geriatrics
- MD Family Medicine
- MD General Medicine
- MS General Surgery
- MD Microbiology
- MD Obstetrics & Gynaecology
- MS Ophthalmology
- MS Orthopedics
- MD Paediatrics
- MD Pathology
- MD Physical Med & Rehab
- MD Psychiatry
- MD Radiodiagnosis
- Diploma in Clinical Pathology

CMC Ludhiana (PG Admission 2021) Application Number:

BFUHS Application No.

NEET Application Number:

Previous Experience:

Hospitals	Medical Superintendent	Dates	
		From	To
1.			
2.			
3.			

Previous Sponsorship:

Give details if you are previously sponsored and selected for any course at CMC Vellore or Ludhiana

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.	Spouse Name

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?

Describe your long term vision / goal.

Briefly describe your personal Christian faith & experience.

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

Contact No. 9821397356/ 011- 40583747

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:

Reference1. 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)