



EHA Registration and Recommendation Application form (under Minority Network Category) for Admission to Medical PG (MD/MS) / Diploma in Clinical Pathology at CMC, Vellore - 2022

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

Approval of Registration and Recommendation is subject to the Rules of CMC, Vellore, and the instructions as per Admission Bulletin 2022 of CMC, Vellore.

All applicants must go through the Admission Bulletin 2022 of CMC, Vellore.

In all matters, the decision of the EHA Recommendation Committee will be final.

Registration fees of Rs. 750/- is non-refundable under any circumstances.

Incomplete forms will not be accepted.

The scanned copy of this completed form along with scanned copies of all enclosures (as mentioned on the last page of the form) should be submitted to ehagspon2022@gmail.com by 30 May 2022.

The hard copy of this form along with hard copies of all enclosures should be reach at the following address by 02 June 2022:

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

For any clarification, contact us at: ehagspon2022@gmail.com | 011- 40583967 / 9821397356
(Mon to Fri: 10 am to 5 pm)

Registration Fees Rs. 750/- to be paid through this link: <https://eha-health.org/pay/sponsorship>

(Please send screenshot of payment done along with this application form.)

Personal Details:

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

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

3. Gender:

4. Marital Status: (Single/ Married / Separated / Divorced / Widow / Widower)

5. Correspondence Address:

State

Pin Code

6. Permanent Address:

State

Pin Code

7. Mobile Number:

Email:

8. Religion:

Courses Applied For:

1. _____

2. _____

3. _____

CMC Vellore (PG Admn 2022) Application Number:

NEET Application Number:

Previous Experience:

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

Previously recommended by any Minority Network Organization:

Give details if your were previously recommended by any Minority Network Organization for any course at CMC Vellore

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

Educational Details

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 non-medical activities you were involved in while working at Minority Network hospital:

What are the major lessons that you have learnt while working in the Minority Network hospitals:

Mention some of the struggles that you have faced while working in Minority Network hospitals:

How did you cope with the stress of work and remote location while working in Minority Network Hospitals:

Briefly describe your personal faith & experience:

Briefly describe your long term vision / goal:

DECLARATION BY THE APPLICANT

1. Within one month of completion of the PG course, I commit and pledge to join EHA and work for the mandatory stipulated service obligation period.
2. I realize and fully understand that EHA hospitals are in rural areas in North, Central & North-East India, with limited facilities and infrastructure. I am willing to work in any EHA hospital. The decision of Executive Director 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 and understand that I will be separated from my spouse, in fulfilling my service obligation.
4. In case my spouse is a doctor sponsored by another Minority Network Body, I understand and realize that my service obligation cannot be shared. I am still willing to complete the mandatory service obligation 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 service obligation commitments.
6. I will abide by all the EHA rules and regulations.
7. I am aware that if I am selected for the PG course, I will immediately have to sign an service commitment agreement.
8. I understand that recommendation by EHA does not involve any financial assistance.
9. I understand and realize that EHA hospitals are not specialist hospitals. 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.

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 these enclosures as mentioned below along with this sponsorship application form:

- Two recent passport size photograph of the candidate- one pasted on the form and other attached.
- Two references in sealed cover from the following:

Reference 1- Medical Superintendent of the hospital you are working 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>

- Proof of relevant work experience / Service Commitment completion for MBBS/Diploma.
- Screenshot of the payment done.