

## **MISSION EXPOSURE FOR UNDERGRADUATE COURSES AT CMC VELLORE AND CMC LUDHIANA – 2023.**

Candidates who are interested to apply for EHA sponsorship for Medical, Nursing and Allied Health undergraduate courses in CMC Vellore & MBBS courses in CMC Ludhiana, are required to fulfil the following conditions to apply for the Sponsorship.

The Candidate should visit one of the EHA Hospitals and spend a minimum 5 working days during the year. During the exposure period candidate will go through an interview. On completion of this exposure period, the candidate will be given a completion letter, which the candidate has to submit along with the EHA Sponsorship Application form.

The EHA sponsorship application forms will be uploaded on EHA web site ([www.eha-health.org](http://www.eha-health.org)).

### **Please Note:**

1. Visit to EHA hospitals does not guarantee the grant of Sponsorship.
2. Grant of Sponsorship by EHA does not guarantee admission to CMC's since admissions are based on CMC's rules and criteria.
3. For any further queries/clarifications, please contact at [sponsorship@eha-health.org](mailto:sponsorship@eha-health.org) or 9821397356 (Mon to Fri, 9:00 am to 5:00 pm).
4. The form for mission exposure visit is attached.

**To start mission exposure visit please fill the details below and send back to us (Via email) for processing.**

1. Name:

2. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Class 10<sup>th</sup> (School and Location):

4. Class 12<sup>th</sup> (School and Location):

5. **Father's name:**

5.1. Occupation

**Govt. Service/Business/Missionary/Pastor/ Private Job** *(Kindly Tick the Relevant option)*

5.2 Elaborate nature of Work:

5.3 Place of Work:

5.4. Name of the Employer:

5.5. Residential Address:

5.6. Phone No.:

6. **Mother's Name:**

6.1 Occupation:

**Govt. Service/Business/Missionary/Pastor/ Private Job** *(Kindly Tick the Relevant option)*

6.2 Elaborate nature of Work:

6.3 Place of Work:

6.4 Name of the Employer:

6.5 Residential Address:

6.6 Phone No.:

7. Any Relative Working in EHA:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Unit: \_\_\_\_\_

8. Church Affiliated:

9. Church Address:

10. Name of Pastor:

**Preferable Dates for visit :**

Kindly Mail the above information to: [sponsorship@eha-health.org](mailto:sponsorship@eha-health.org)