



## **EHA Recommendation Application form (under Category B Minority with Service Commitment) for Admission to Medical PG (MD/MS) at CMC, Ludhiana- 2023**

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

- > Approval of Recommendation is subject to the Rules of CMC, Ludhiana, and the EHA Sponsorship Policy.
- > All applicants must regularly go through CMC, Ludhiana, website <http://cmcludhiana.in>
- > In all matters of approval of recommendation, the decision of the EHA Sponsorship Committee will be final.
- > Registration fees of Rs. 750/- is non-refundable under any circumstances.
- > Incomplete forms will not be accepted.
- > Candidates must mention the ORDER OF PREFERENCE for admission into the courses in the application form, when applying for more than one course.
- > Errors arising out of incorrect or improper data entry will be the sole responsibility of the candidate.
- > A candidate admitted to undergo a three-year MD/MS postgraduate degree course will not be eligible to appear for any postgraduate diploma course exam during the three-year period of study for the degree course.
- > This application form (along with the enclosures) received after the last date will NOT be considered. EHA will not be responsible for any postal delay.
- > All candidates will need to submit the NEET-PG 2023 roll number, score and All India rank as soon as the same is announced.
- > Candidates are advised to closely follow the website of the Baba Farid University of Health Sciences [www.bfuhs.ac.in](http://www.bfuhs.ac.in)
- > Christian Minority candidates who complete 2 years of mission service (with all leaves adjusted) by 31 May 2023 can be considered for recommendation.
- > For consideration of recommendation, candidates should have served a minimum period of two years in one or more mission hospitals of any of the supporting bodies.

The scanned copy of this completed form (along with all enclosures, as mentioned on the last page of this form) should be submitted to [sponsorship@eha-health.org](mailto:sponsorship@eha-health.org) by 27 March 2023.

The original hard copy of this form (along with all enclosures) should be reach at the following address by 27 March 2023:

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

For any clarification, contact us at: [sponsorship@eha-health.org](mailto:sponsorship@eha-health.org) / 011- 40583967 (Mon to Fri: 10 am to 5 pm) / 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 the scanned copy of 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 (in order of preference):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

CMC 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 Ludhiana

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

<b>Educational Details</b>		
<b>Course</b>	<b>College</b>	<b>Date Of Completion (Expected Date if it is ongoing):</b>
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 that 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 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.

Name of the Applicant:

Signature of the Applicant:

Date:

Place:



**Enclosures:**

Kindly send these enclosures (except the reference forms) 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 (to be sent by person giving the reference):

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

Reference 2- Hospital Head / 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.
- Baptism certificate
- Church membership certificate
- Screenshot of the payment of the registration fees done.

\*\*\* end of form \*\*\*