



EHA Recommendation Application form (under Category B Minority with Service Commitment) for Admission to Medical PG (MD/MS) at CMC, Ludhiana - 2024

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 2024 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.
- Christian Minority candidates who complete 2 years of mission service (inclusive of eligible institutional leave) by 15 August 2024 can be considered for recommendation. Completion of 2 years service has to be in hospital/hospitals under the CMC Ludhiana Society. Kindly check CMC Ludhiana website for details.
- 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. This will NOT INCLUDE any training periods after graduation for University recognized Postgraduate courses.

The scan copy of this completed form along with scan copy of all enclosures (as mentioned on the last page of this form) should be submitted to sponsorship.pg@eha-health.org by 22 May 2024.

The hard copy of this form (along with all enclosures) should reach at the following address by **22 May 2024**:

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

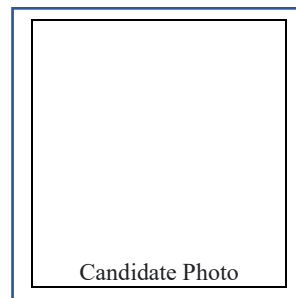
For any clarification, contact us at: sponsorship.pg@eha-health.org | 011- 40583967 (Mon to Fri: 10 am to 5 pm)

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: Church/Denomination:

9. Duration of Membership: _____yrs

10. Receipt No.

Courses Applied For:

1. _____
2. _____
3. _____

CMC Application Number:

BFUHS Application No.

NEET PG 2024 Roll Number:

(If not registered at time of submission of this form, update as soon as it is received, by email to registrar@cmcludhiana.in)

Previous Experience:

Hospitals	Does this hospital belong to any of the Ludhiana Society. For more details check the link . If Yes, Mention the name of the Society	Medical Superintendent	Dates From To	Specify loss of pay duration (if applicable)
1.				
2.				
3.				

Applicable for those who are currently working in any of the EHA Unit or have worked previously (Fill only, **if Applicable**)

EHA Hospital Name _____ (Contract / Service Commitment)

From _____ To _____

After completion of contract / Service Commitment period, Are you continuing your services with EHA

YES _____ NO _____

If any Break in Service specify the same _____ (if applicable)

If currently in Service, Have you applied for Study Leave ,If Yes, copy of Study Leave application and approval letter from the EHA Hospital

Previously recommended by any Minority Network Organization:

Give details if you were previously recommended by any Minority Network Organization for any course at CMC Ludhiana.

Name of the Course	Year Of Selection	Recommending Body	Service Commitment 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.

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

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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 commitment 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 commitment.
4. In case my spouse is a doctor sponsored by another Minority Network Body, I understand and realize that my service commitment cannot be shared. I am still willing to complete the mandatory service commitment 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 commitment.
6. I will abide by all the EHA rules and regulations.
7. In case of unavoidable situation, If I seek deferment of service, I understand I will be required to serve 6 months of additional service for 1 year of deferment requested. I also understand this will be in addition to the actual service commitment period.
8. I am aware that if I am selected for the PG course, I will immediately have to sign a service commitment agreement.
9. On Completion of the course, I will complete my Service Commitment (Excluding Maternity leave /Paternity Leave) as per existing terms and condition of employment.
10. I understand that recommendation by EHA does not involve any financial assistance.
11. 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 (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- Managing Director / Senior Doctor 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 / Confirmation Certificate.
- Church Membership Certificate
- Copy of Study Leave application and approval letter from EHA Hospital (if applicable)
- Screenshot of the payment of the registration fee paid.