

REFERENCE I

Name:

Name of the Hospital

Designation

Candidate's Name:

Course applied for:
CMC Vellore.....

CMC Ludhiana.....

How long has the candidate worked in EHA hospitals?

What would you say are the greatest strengths of the candidate?

And what is his / her major weakness or constraints?

From your association with the candidate do you think he/ she has long term commitment to medical missions in North India?

What are your reasons to think so?

Is there any other information about the candidate that you would like us to know?

Do you recommend the candidate for sponsorship for the PG course he/she has applied? Yes / No

If No kindly explain:

Address:

Signature
Date

Please enclose this in an envelope, seal it and sign across the flap

REFERENCE II

Name:

Name of the Hospital

Designation

Candidate's Name:

Course applied for:
CMC Vellore.....

CMC Ludhiana.....

How long has the candidate worked in EHA hospitals?

What would you say are the greatest strengths of the candidate?

And what is his / her major weakness or constraints?

From your association with the candidate do you think he/ she has long term commitment to medical missions in North India?

What are your reasons to think so?

Is there any other information about the candidate that you would like us to know?

Do you recommend the candidate for sponsorship for the PG course he/she has applied? Yes / No

If No kindly explain:

Address:

Signature
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