

	<b>CHRISTIAN MEDICAL COLLEGE LUDHIANA SOCIETY</b>		PASTE PASSPORT SIZE PHOTOGRAPH  STAPLE 2 ADDITIONAL PASSPORT PHOTOGRAPHS
	<b>ROLL NO.</b> (For office use only)	<b>APPLICATION FOR UG ADMISSION WRITTEN TEST 2024</b> <b>'BSc NURSING'</b>  FILL IN DETAILS IN CAPITAL LETTERS ONLY	

NAME OF APPLICANT (Full name as in Matriculation certificate)
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**PERSONAL DETAILS**

NAME OF FATHER			
NAME OF MOTHER			
DATE OF BIRTH	GENDER:	RELIGION:	
IF CHRISTIAN, MEMBER OF WHICH CHURCH:			
DURATION OF MEMBERSHIP:		DATE OF BAPTISM:	
STATE OF DOMICILE/RESIDENCE:			
CORRESPONDENCE ADDRESS:			
TELEPHONE NO.	RESIDENCE (WITH STD CODE)	MOBILE	ALTERNATE
EMAIL ID:			
COURSE APPLYING FOR (Please tick)	BSc NURSING		
NAME OF CHURCH/MEMBER BODY FROM WHOM LETTER OF SPONSORSHIP HAS BEEN TAKEN	BSc NURSING :		

**TEST CENTER: LUDHIANA**

**ACADEMIC DETAILS (attach mark sheets)**

	BOARD	YEAR OF PASSING	STATE FORM WHERE COMPLETED	RESULT (CGPA/PERCENTAGE)
X STD				
XI STD				
XII STD				

**CATEGORY THE CANDIDATE IS APPLYING IN:** (Refer to the Prospectus – Page 12 and tick the appropriate category):

**BSc NURSING:**

Category	Category Code	Please Tick
Punjab Female Open General	1	
Punjab Male Open General	2	
Non Punjab (All India) Female Open General	3	
Non Punjab (All India) Male Open General	4	
Christian Minority with Service Commitment - Punjab Female	5	
Christian Minority with Service Commitment -Punjab Male	6	
Christian Minority with Service Commitment -Non Punjab (All India) Female	7	
Christian Minority with Service Commitment -Non Punjab (All India) Male	8	
Punjab Female SC / ST	9	
Punjab Female BC	10	
College Sponsored	11	
NRI	12	

**TRANSACTION DETAILS**

BANK NAME	DEMAND DRAFT – in favour of ‘Christian Medical College Ludhiana Society’, Payable at Ludhiana. (Amount: Rs.3500/-)	
	Number	Date

**DECLARATION**

I hereby declare that I have read the information bulletin in its entirety.

I hereby declare that I am an Indian National.

I understand that the Application Fee once paid is not refundable.

I hereby declare that the Information provided by me is true and correct to the best of my knowledge.

I further declare that I will provide the original of all certificates, relevant to the claims made by me, at the time of admission.

I agree to forfeit my claim to admission in the event any information provided by myself is found to be false or I am unable to produce the relevant original certificates.

**ENCLOSURES FOR ‘CHRISTIAN MINORITY WITH SERVICE COMMITMENT CATEGORY’:**

Copies of: 1. Church Membership Certificate (As per format) 2. Baptism Certificate 3. Letter of Service Commitment (from Church/Member body of CMC Ludhiana Society with whom the candidate is signing the Service Agreement) signed by Authorized Signatory only

**NAME**

**SIGNATURE**

**DATE**

*(Refer to Prospectus page 15, 16 for filling the application form and for necessary documents to be attached)*

**The hard copy of filled form and the enclosures should ‘be sent to “The Registrar, Christian Medical College Ludhiana, Punjab 141008 by courier/by hand to reach latest by 5:00 PM on 27<sup>th</sup> May, 2024.**