

Institute of Allied Health Sciences



Christian Medical College, Ludhiana, Punjab **NOTICE FOR CHRISTIAN MINORITY STATUS VERIFICATION**

Notice & Form posted on : 16th July 2025

Notice Updated on 7th August 2025

Aspirants seeking admission through Baba Farid University of Health Sciences (BFUHS), Faridkot, for admission to Bachelor in Medical Laboratory Science and other Allied & Healthcare courses at Christian Medical College, Ludhiana, under Christian Minority quota will be considered in the 2nd counselling after getting the minority status verified by the Christian Medical College, Ludhiana.

As per schedule of 2nd round of Counselling for Allied and Healthcare UG Courses published on website of BFUHS, at www.bfuhs.ac.in the last date for submission of Form for Obtaining Eligibility under Christian Minority will be upto 10:00 AM 8th August 2025. The candidates who have not yet sent the attached form can do so upto the stipulated time. **This verification will be conducted ONLINE.** Candidates applying in Christian Minority Category have to also apply to Baba Farid University of Health Sciences for counselling.

Kindly fill the Christian Minority form (page 2 of this document) scan and e-mail at registrar@cmcludhiana.in along with the following upto 10:00 AM 8th August.

1. Baptism certificate (Showing date of Baptism)
2. Church membership certificate (Showing duration of membership)

Registrar

Christian Medical College
Ludhiana

OFFICE OF THE REGISTRAR
CHRISTIAN MEDICAL COLLEGE
LUDHIANA – 141008, PUNJAB

BMLS/Allied & Healthcare

PASSPORT SIZE
PHOTOGRAPH OF
APPLICANT

REGISTRATION - ONLY FOR 'CHRISTIAN MINORITY CATEGORY'

COMPLETE FORM SHOULD BE FILLED IN BLOCK LETTERS

1. _____

Name of the Applicant

Date of Birth _____ / _____ / _____ Nationality/Religion _____ Male / Female

2. Correspondence address : _____

_____ City _____ State _____ PIN _____

Email: _____; State of Domicile: _____

Mobile No. _____; Aadhar No. _____

3. Father's Name _____

Mother's Name _____

Address _____

PIN _____ Tel.: _____ Mobile _____

4. Church Membership Details:

Membership & denomination of the Church with date (**Attach Membership Certificate and Baptism Certificate**)

I hereby declare that the information, I have given in this application is true and I understand that any false information will result in cancellation of my candidature. I have attached photocopies of relevant documents and no credit will be allowed without a supporting certificate issued by competent authority.

Date: _____ Signature of Applicant : _____

A complete application, filled and scanned alongwith enclosures, as attachment, should reach as per counselling schedule of Baba Farid University of Health Sciences by email

upto 10:00 AM on 8th August 2025 to registrar@cmcludhiana.in,

*Please keep monitoring www.cmcludhiana.in and www.bfuhs.ac.in for any updates

For Queries Contact: 0161-2115386, 0161-2115381