Institute of Allied Health Sciences

Christian Medical College, Ludhiana, Punjab

NOTICE FOR CHRISTIAN MINORITY CANDIDATES

Notice & Form posted on : 21st July 2026

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 said category after getting the minority status is verified by the Christian Medical College, Ludhiana.

This verification will be done as per schedule published by BFUHS on their website www.bfuhs.ggsmch.org The candidates who need Christian Minority verification for Allied and Healthcare or Bachelor of Medical Laboratory Science courses should fill the attached form and follow instructions given below.

The last date of submitting this completed form for BMLS course is 30th July 2026*.

Last date for submitting this completed form for Other Allied and Healthcare degree and diploma courses will be published on college website www.cmcludhiana.in in accordance with counselling schedule of Baba Farid University of Health Sciences, Faridkot. Candidates applying in Christian Minority Category have to also apply to Baba Farid University of Health Sciences for counselling.

INSTRUCTIONS:

Kindly fill the Christian Minority form (page 2 of this document) scan and e-mail at registrar@cmcludhiana.in along with the following till last date (to be announced)

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 _____

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4. Church Membership Details:

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5. Course interested in : BMLS ☐ **Allied and Healthcare** ☐

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 along with enclosures, as attachment, should reach as per counselling schedule of Baba Farid University of Health Sciences and due date published on website of CMC Ludhiana by email to registrar@cmcludhiana.in,
***Please keep monitoring www.cmcludhiana.in and www.bfuhs.ggsmch.org for any updates**

For Queries Contact: 0161-2115386, 0161-2115381