

**TERMS AND CONDITIONS FOR SPONSORING CANDIDATES
FOR MBBS
BY THE MEDICAL BOARD OF THE CBCNEI**

The Medical Board of the Council of Baptist Churches in North East India (CBCNEI), sponsors fresh candidates for MBBS under the following terms and conditions:

1. A candidate/parents should be a bonafide member of the CBCNEI Churches in NEI.
2. A candidate should pass Hr. Sec. (Sc.) or B.Sc. from a recognized University of India or must have appeared the Hr. Sec. (Sc.) final examination prior to screening and selection for sponsorship.
3. A candidate should qualify himself/herself for sponsorship in the screening and selection test of the CBCNEI Medical Board; the final selection test will be at the Christian Medical College of Vellore and Ludhiana.
4. A candidate must compulsorily take a coaching / correspondence course of Medical Entrance Examination, before the final selection for sponsorship.
5. The Council and the Medical Board of the CBCNEI expect the Sponsored candidates to give a Lifetime Service to the Medical/Healing Ministry of the CBCNEI.

In any case, all sponsored candidates must undertake to serve in the CBCNEI Hospital for a minimum of three (3) years. If any sponsored candidate fails to return and complete the compulsory service of a minimum of three (3) years, he/she will have to refund the amount to the Sponsoring Body as fixed by them. At the present the amount is Rs. 25,00,000/- (Rupees twenty-five lacs) with 20% interest. This figure may be changed from the time to time.

6. A candidate desiring to apply for seat either in CMC, Vellore or Ludhiana, should write to the Registrar (Academic), CMC, Vellore/Ludhiana for Application Form and Prospectus at least by the first week of February each year. A Demand Draft for a required amount must also be sent when such request is made. Alternatively, the candidate may also apply to the respective colleges through online. The Medical Board of CBCNEI is not authorized to supply Application Forms and Prospectus.

7. A Preliminary application form for sponsorship may be collected from the CBCNEI Office or CBCNEI website with a payment of ₹.750/- (Rupees seven hundred fifty only) by Cash or Demand Draft. Cheque will not be accepted. *Please enclose copy of the money receipt along with the application form.*

CRITERIA FOR SCREENING AND SELECTION OF CANDIDATES FOR SPONSORSHIP
FOR MEDICAL STUDY

The Medical Board of the Council of Baptist Churches in Northeast India sponsors candidates for the Medical Study in the Christian Medical College in Vellore and Ludhiana.

Courses (Group A)	CMC, Vellore	CMC, Ludhiana
1. MBBS		

Criteria for Screening and Selection:

1. Candidate must be a bonafide member of one of the CBCNEI Churches in NEI. The CBCNEI Medical Board will sponsor no candidate belonging to any other Church.
2. Candidate desiring to be sponsored for the above course must apply for Sponsorship for the desired course of study each year as soon as he/she enters into class XII (HSSLC Courses), one year prior to his/her Medical Study programme. (Example: for 2018 Sponsorship a candidate must apply in 2017)
3. A candidate desiring to pursue MBBS Course must undertake a Tutorial Course from any reputed Coaching Centres for Medical Entrance Examination.
4. A certificate of Coaching Course for Medical Entrance Examination may have to be produced at the time of interview for selection.
5. Medical fitness certificate from a Medical Superintendent/Medical Officer from the Christian Hospital must be produced at the time of interview for selection for sponsorship.
6. Original copies of Baptismal and Character Certificate from the Pastor of your Church and a Recommendation Letter from your Association must be brought at the time of interview.
7. A personal interview will be conducted for sponsoring candidates by a Screening and Selection Committee appointed by the Medical Board of the CBCNEI. Only those who fulfill the requirement and qualify will be selected and sponsored by the CBCNEI Medical Board.
8. Preliminary application form for sponsorship may be collected from the CBCNEI Office or CBCNEI website with a payment of ₹.750/- (Rupees seven hundred fifty only) by Cash or Demand Draft. Cheque will not be accepted. *Please enclose copy of the money receipt along with the application form.*

CBCNEI Office
Panbazar, Guwahati-1.



Application Form for CBCNEI Medical Board Sponsorship for Medical Study

To

The Chairman / Medical Secretary,
Medical Board, CBCNEI
Mission Compound
Panbazar, Guwahati – 781001
Assam

Affix your
recent
Passport size
Photograph

Dear Sir / Madam,

I would like to apply for Sponsorship for MBBS Courses in the Christian Medical Colleges in Vellore / Ludhiana. (Tick the desired college you are applying for.)

Please tick:

Courses (Group A)	CMC, Vellore	CMC, Ludhiana
1. MBBS		

1. Name of Applicant : _____
(IN BLOCK LETTERS)

Email-id : Phone No./Mobile No.....

2. Name of Father/Mother/Guardian (in case there is no parents): _____

3. Full Postal Address with Pin Code No. : _____

4. Particulars of your Association:

Name of the Association: _____

Name of the Executive Secretary: _____

Postal Address of the Association: _____

5. Referee : Give two names for reference who have no blood relationship to you:

a. Name of the Pastor of your Church: _____

Full Postal Address: _____

- b. Name of the Head of Institution where you are studying / last attended / Any other Responsible person :

Full Postal Address: _____

6. I am pursuing HSSLC Sc./ B.Sc. Part I, II, III: _____

7. Annual income of my Parents / Guardian : Rs. _____

DECLARATION AND UNDERTAKING BY THE CANDIDATE

I have read all the terms and conditions of Sponsorship supplied to me. I agree to abide by all the terms and conditions laid down by the College and Sponsorship Body.

Date : _____

Signature of the Applicant

Enclosures: (i) Baptismal and Character Certificate from the Pastor of your Church (Photocopy)
(ii) Recommendation Letter from your Association (Photocopy)

Declaration and Undertaking by the Parents / Guardian

I / We have read and understood the terms and conditions laid down by the College and the Sponsorship Body in respect of sponsoring my/our son/daughter. I / We agree to abide by the decision of the College and Sponsorship Body as final in respect of my / our ward.

Date: _____

Signature of the Father / Guardian

**NB: i) Last date for issue of this Application Form is January 31, 2019.
ii) Last date for submission of this Application Form is February 7, 2019 with payment of ₹.750/- by Cash or through Demand Draft in favour of "Council of Baptist Churches in North East India" payable at Guwahati. Cheque will not be accepted. Please enclose copy of the money receipt along with the application form.**

Dear Candidate,

For preparation for your Medical Entrance Examination and Tutorial/Coaching Correspondence Course please contact one of the following Centres or any reputed Coaching Centres and start your coaching classes immediately. This is pre-requisite for sponsorship.

1. Brilliant Tutorials,
No.12, Masilamani Street,
T. Nagar, Chennai - 600 017.
Telephone: 044-2434 2099
Fax: 044-2434 3829
www.brilliant-tutorials.com
2. Elite Academy,
84, Janmabhoomi Marg,
2nd Floor, Fort, Mumbai - 400 001. India.
Telephone: 022 - 66331313, 22837771
Fax : 022 - 66 33 13 98
Email : info@eliteacademy.in
3. Akash Institute
Registered Office
Aakash Tower, Plot No-4,
Sector-11, Dwarka,
New Delhi-110075 .
Ph No: (011) 47623456
Fax No: (011) 47623472
E-mail: iitjee@aakashinstitute.com | medical@aakashinstitute.com
www.aakash.ac.in

Sincerely yours,

Sd/-
Dr. Lucita Momin
Medical Secretary, CBCNEI

Note: This Application Form is only for availing Sponsor. For CMC Vellore/Ludhiana Application Forms and Prospectus, please check their website or contact or write to them directly by February/March in the following address:

1. The Registrar,
Christian Medical College
P.O. Thorapadi
Vellore – 632 002, Tamil Nadu

Phone: 0416-2284255
Fax: 0416-2262788
Email: registrar@cmcvellore.ac.in
www: admissions.cmcvellore.ac.in

2. The Principal,
Christian Medical College
Ludhiana, Punjab – 141 008

Phone: 0161-2115376, 2115377
Fax: 0161-2685708
Email: medicalcollege@cmcludhiana.in
www.cmcludhiana.in

D .20.11.2018