

STEWARDS ASSOCIATION IN INDIA

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Christian Assemblies in India

MEDICAL EDUCATION COMMITTEE (MEC)

2nd Round of Applications are invited for Official Sponsorships of Candidates for M.B.B.S. Courses in CMC, Vellore.

Pursuant to the decision by C.M.C. Vellore, a 2nd round of Applications are called for sponsorship to MBBS Course in C.M.C. Vellore. On successful completion of their Course, for which they are sponsored, Candidates are required to serve in any of our Hospitals in Narsapur (A.P.), Ambajipeta (A.P.), Sankeshwar (Karnataka) or Tiruvalla (Kerala) for a period of 2 (Two) years. We, in Stewards Association in India, through this sponsorship program, hope that the future of these Hospitals will depend on Doctors and others who are sponsored, who will devote not only two years but bestow their life time for the Service in these hospitals for the expansion of the Kingdom of Our Lord.

Given below are the Eligibility Criteria:

- Members or Children of Members, of a Christian Assembly (Brethren) for a minimum of 10 (Ten) years.
- Passed 10 +2 or equivalent examination or appearing for Final examination.
- Recommended by the Elders of the respective Assembly, with whom, they or their parents are in fellowship
- Sponsorship is offered to the new applicants who had appeared for NEET 1 or 2.

Process for Applying:

• Kindly download the **FORM NO. MEC- 03** and **CMC VELLORE OFFICIAL CERTIFICATION FORM** attached below, which has to be filled up by the candidate (Incomplete / Illegible forms are liable for rejection), and send the same by Speed Post / Courier to MEC, Bangalore at the **STEWARDS ASSOCIATION IN INDIA ADDRESS** mentioned above in this notification on or before **8th August 2016** with items listed below:

1. **SERVICE OBLIGATION BOND**, as per the specimen enclosed, executed on NON-JUDICIAL STAMP PAPER for Rs. 20/- (original + 2 photocopies).
2. **A passport size photograph** of the candidate, with name of the candidate mentioned on the Reverse along with the signature of your Parent / Legal Guardian or an Elder of your Assembly / Church.
3. **DD or MO** favouring STEWARDS ASSOCIATION IN INDIA for Rs. 500/-.

When communicating with CMC, Vellore please quote the name of the Sponsoring Body Correctly as "CHRISTIAN ASSEMBLIES IN INDIA".

Candidates who have applied earlier (during February – March 2016) need not apply again.

Adv. Raju M. Koshy M.Sc., LL.M.

Secretary.



CHRISTIAN MEDICAL COLLEGE, VELLORE – 632 002

OFFICIAL CERTIFICATION FORM - 2016

Please fill this form in BLOCK LETTERS

Name of the Certifying Church/Mission/Body/Diocese_____

(USE ONLY ONE FORM PER CANDIDATE)

Last date for this form to reach Vellore is 16th August 2016

(PART 1. To be filled by the Candidate)

(a) Full Name:
(in capital letters as given in the CMC Application form)

(b) Date, Month & Year of birth: / / (c) Sex: Male / Female

(Candidates now please fill the other side of the form)

PART 2. TO BE FILLED IN ONLY BY THE CERTIFICATION COMMITTEE.

MBBS

The officially constituted committee of the Church/Mission/Body for Certifying candidates to be considered under the sponsored category for admission to Christian Medical College Vellore has decided, after verifying eligibility, to certify this candidate for the course marked above. Furthermore, we declare that no amount has been collected as security/bond/donation/deposit/retainer by this body other than a total not exceeding Rs.750/-towards formalities of certification. The candidate has given an Agreement to serve in our mission for a minimum period of 2 years. A copy of this agreement will be made available to the college if he/she qualifies for admission.

Name:..... Name:

Signature of Convenor/Secretary of the certification committee

Place: Date:

Signature of Chairman of the certification committee

Place: Date:

Attestation by authorised signatory as declared in the proforma submitted to the CMC Vellore Council Office CMC, Vellore at the beginning of the year.

Name Signature

Date Place

TO BE FILLED BY THE CANDIDATE:

Father's Name : Father's Occupation:

Mother's Name : Mother's Occupation:

Legal Guardian's Name: Relationship:

Communication Address:

Amount of registration fee collected by the certifying mission / body Rs.....

CHRISTIAN MEDICAL COLLEGE, VELLORE – 632 002. Tamil Nadu

PLEDGE FORM

I realise that the Christian Medical College and Hospital is established to train doctors or paramedical personnel in the spirit of Christ for service in the relief of suffering and promotion of health. Keeping in mind this important objective I realise that after training here I am expected to continue to serve in this spirit all my life. I understand that the service Obligation Agreement period of years is fixed for purely practical considerations. After the service Obligation Agreement period I shall endeavour to continue to serve the Church. During the training period I would be willing to help the sponsoring body in any way required of me especially during my holidays. I shall also endeavour to be involved in the activities of the sponsoring body.

Name of the candidate in capital letters

Date:

Signature of candidate

I have read and understood the pledge signed by my son / daughter / ward Mr./Miss.....
..... I shall encourage him / her in every way to fulfil the commitment mentioned in the pledge. I declare that only a sum of rupees has been collected by the sponsoring body towards formalities of certification.

Date:.....

.....
Signature of Parent / Legal Guardian

Ref No. _____
Exam: _____
University: _____

Regn. No. _____
English: _____
Science: _____
Percentage: _____
Eligibility: _____

Remarks: _____

NOTE: This form must be filled in the Candidate's OWN HANDWRITING (Typewritten or forms filled by others and merely signed by the candidate are NOT acceptable. **ANSWER ALL QUESTIONS.**

I. GENERAL:

(a) Course of Study for which application is made: _____ M.B.B.S.

(b) Full name of the candidate: _____
(In BLOCK LETTERS as given in the online application form to C.M.C. Vellore)

(c) Date of Birth: _____ (d) Gender: _____

(e) Qualifying Examination: _____ Appeared / Passed
(Cross out what is not applicable)

[NOTE: If the mark list for the qualifying examination is not available, **ENSURE TO ATTACH** a copy of the mark list from previous examination passed)

(f) Father's Name: _____ Occupation: _____

(g) Mother's Name: _____ Occupation: _____

(h) Email id: (to be written in Capitals) _____

(i) Full Address of Father: _____

_____ Pin Code: _____

(j) If under temporary guardianship in India, (for example, if parent(s) are overseas), give:

(1) Guardian's name: _____

Full address: _____

(2) Relationship to Candidate: _____

(3) Occupation of Guardian: _____

(k) Have you at any time applied to this Committee for sponsorship of any courses at Christian Medical College Vellore? Yes / No (Cross out what is not applicable)

If yes, give details: _____

(l) Have you currently applied for any other course of study or any employment? If so give details:

II. REGISTRATION:

(a) Date on which you dispatched your application to CMC, Vellore: _____

(b) Give (1) Centre at which preliminary written test will be taken: _____

(2) CMC Application Number: _____

III. ACADEMIC RECORD:

(a) Give the list of Schools/Colleges with details in format given below:

Name of School/College	Year of Study		Language of Instruction	Class / Form		Public Examination Results
	From	To		From	To	

(b) Attach to this form: **A Photocopy of your Class 10 and, if taken, Class 12 (or equivalent) Public Examination Certificates.** (DO NOT SEND ORIGINALS)

(c) What academic course, work etc., are you doing at present? _____

IV. CHURCH MEMBERSHIP

Are you or your parent(s) members of Christian Assembly (Brethren)?

Candidate: Yes / No Parents: Yes / No (Cross out what is not applicable)

If yes, state: 1. Name of Assembly: _____

2. Name of Elders with Address: _____

3. Year of admission to the fellowship of the Assembly: (a) Candidate: _____
 (b) Parent(s): _____

If section IV of this form has been completed, two of your Elders should sign below for verification:

(1)

(2)

(Put Assembly Seal here)

V. CHRISTIAN EXPERIENCE AND SERVICE: *(Please give full details)*

1. Why do you wish to study the course(s) for which you are applying to be sponsored?

2. Why have you applied to this Committee for sponsorship?

3. Have you applied to any other Committee for sponsorship? If so, state the result of your application with the name and address of the Committee to which you have applied.

4. What does the Christian faith mean to you?

5. What Christian activities are you involved in?

6. Do you feel it is necessary to share your faith with others? If so, how are you doing it?

7. Give brief account of the religious activities of your family.

8. After graduation, how many years of paid service are you willing to give to the Committee's hospital?

9. State what you know of the work of any of the hospitals connected with this Committee.

10. Are you aware that 'sponsorship' does not involve financial assistance?

11. How would your expenses be met while you are studying at C.M.C. Vellore, if you are admitted?

12. Give details of voluntary service you have rendered to any hospital(s) at any time.

Address of Candidate in India: _____

(State)

(Pin Code)

Email id: _____

(To be written in Capitals)

Telephone Number, if available: _____

Signature of the Candidate: _____

Signature of Parent / Guardian: _____

Date: _____



SERVICE OBLIGATION BOND

Medical Education Committee
CHRISTIAN ASSEMBLIES IN INDIA

IN CONSIDERATION of my selection as a sponsored candidate of CHRISTIAN ASSEMBLIES IN INDIA, Medical Education Committee for MBBS at CMC & H, Vellore.

I son/daughter of (address)

.....

.....UNDERTAKE:

(1) On completion of my MBBS studies for which I have been sponsored by you TO SERVE for TWO years in any of the 'CHRISTIAN ASSEMBLIES IN INDIA' hospitals or other hospitals as directed by the Principal, Christian Medical College, Vellore.

(2) In the event of my failing to carry out the above undertaking TO PAY within one month to you a sum of money not exceeding Rupees Five Lakhs only.

(3) I UNDERSTAND that each request for release from sponsorship obligation must be considered on its own individual merit and that for a release from sponsorship obligations there must be extraordinary circumstances acceptable to the Medical Education Committee as well as C.M.C. Vellore. Merely paying the appropriate amount of money and obtaining a release is not in the spirit of sponsorship. Obligations should be given as service and not as money.

SIGNED atthisday of, 2016.

IN THE PRESENCE OF:

(Signature, Name & Address
of Witnesses)

1. (Signed – Candidate)

2. (Countersigned -
Parent/Legal Guardian)