

Office of the Principal

Christian Medical College
Vellore

I/C1/Sel./7

05.03.2016.

To,
The Authorised Signatories of all sponsoring bodies
for Higher Speciality (DM/MCH) courses
at Christian Medical College, Vellore.

Dear Friends,

Enclosed herewith are copies of the Official Sponsorship forms to be used this year by supporting bodies of this Institution that have sponsorship privileges, for confirming sponsorship of their candidates to **Higher Speciality – DM/MCH** courses Christian Medical College, Vellore, **2016 session**. I am also enclosing a copy of the sponsorship rules relating to the Higher Specialty groups for your reference.

Please return with the following enclosure –

- a) **White Sponsorship form for each individual candidate: (One per candidate)**
- b) **One common Report form (Green) with a list of all candidates sponsored by your mission with the respective courses they have been sponsored for.**
- c) **A copy of the minutes of the sponsorship meeting of your sponsoring body.**

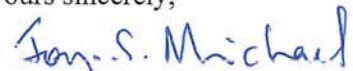
Kindly ensure that all entries are filled and that the form is signed by the **authorized** signatory of the sponsoring body, as registered with the council secretary, Christian Medical College Vellore.

Kindly mail the form to – The Principal, Christian Medical College, Vellore – 632002 and ensure that it reaches on or **before 13.04.2016.**

As per the decision of the Christian Medical College, Vellore Council (Min.9719:1-05 of 20th & 21st January 2005), candidates sponsored to medical postgraduate courses **should have served a minimum period of two years in one or more mission hospitals of any of the supporting bodies which may include the training period in Christian Medical College, Vellore, after graduation.**

With best wishes,

Yours sincerely,



Dr. Joy S. Michael,
Vice Principal(PG).

Cc: Principal

Christian Medical College, Vellore, India

Official Sponsorship form for Postgraduate courses

Form to reach Principal's Office not later than 13.04.2016

Confidential

To be filled by the person authorized by the sponsoring body to sign these forms

Name of sponsoring body:

Name of the candidate:

D.O.B.:

CMC Appln.No.:

Subject and course for
which candidate is sponsored :

Course:

Subject :

Will you have a vacancy to accommodate
this candidate after completion of his PG
training?

YES/NO

Will you have the infrastructure to support
this specialty

YES/NO

Is the candidate undergoing any Postgraduate
Training currently ?

YES/NO

If yes date of completion:

Was this candidate previously sponsored and selected for any course at CMC Vellore?

YES/NO

If yes please fill details below.

Course	Sponsored by (Your Mission or other Mission)	Year of selection	Sponsorship Obligation completed	
			YES/NO	Duration in Months

Details of **academic training**:

Course	College trained	Date of Completion (Expected Date)
1. MBBS		
2. PG Diploma		
3. PG Degree		

Details of **work** by this candidate in CMC hospital or other mission hospitals belonging to sponsoring bodies of this Institution.

Hospital	Name of Mission/Is this a supporting Mission of the CMC Vellore Association?			From	To	Duration in Months
	Name	YES	NO			

Has any candidate been sponsored by your mission and selected in this specialty over the past five years to CMC, Vellore

YES/NO

If **YES** give details in the table below:

Name	Year of joining	Name of the course	Sponsorship Obligation details		
			Location	From	To

Is a candidate sponsored by your mission **CURRENTLY** in training for the **SAME SPECIALTY, at CMC, Vellore?**

YES/NO

If **YES**– give justification with details for requiring sponsorship for second candidate (in separate sheet)

... 3.

Certificate

The officially constituted committee of the church/Mission/body for sponsoring candidates for admission to postgraduate courses at Christian Medical College, Vellore certifies that Dr. _____ has been selected for sponsorship for post graduate training at it's meeting held on _____. It is further certified that a legal agreement to serve the above mentioned mission for a period of not less than 2 years following a diploma course and 3 years following a degree course will be executed by the candidate and the sponsoring body, a clear attested photocopy of which will be sent to reach the Principal, CMC, Vellore on or before 31.07.2016. It is also certified that no sum of money has been received from or on behalf of this candidate other than a sum of Rs. _____ as registration fees.

Name, Address and seal of:

Chairman, Sponsoring body
Name:

Secretary, Sponsoring body
Name:

Signature

Signature

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

Name:

Signature:

Seal: