

## അപേക്ഷാർത്ഥികൾ ശ്രദ്ധിക്കേണ്ട കാര്യങ്ങൾ

- പുരിപ്പിച്ച അപേക്ഷയോടൊപ്പം സഭാംഗത്വം തെളിയിക്കുന്നതിനുള്ള ഇടവക വികാരിയുടെ സർട്ടിഫിക്കറ്റ്, സി.എം.സി യിലേക്ക് ഓൺലൈൻ ആയി അപേക്ഷിച്ചതിന്റെ പകർപ്പ് (അപേക്ഷാർത്ഥിയുടെ ഫോട്ടോ ഉള്ളത്), സഭാ സ്പോൺസർഷിപ്പിനു വേണ്ടി ബാങ്ക് അക്കൗണ്ടിൽ/സഭാ ഓഫീസിൽ പണമടച്ച രസീതിന്റെ കോപ്പി സഹിതം **2023 മാർച്ച് 24-ാം തീയതി വെള്ളിയാഴ്ച 3 പി.എം-ന് മുൻപ് സഭാ സെക്രട്ടറി, മാർത്തോമ്മാ സഭാ ഓഫീസ്, തിരുവല്ല-1** എന്ന വിലാസത്തിൽ സ്പീഡ് പോസ്റ്റിലൂടെയോ, നേരിട്ടോ സഭാ ഓഫീസിൽ ലഭിച്ചിരിക്കേണ്ടതാണ്. നിശ്ചിത സമയത്തിനുശേഷം ലഭിക്കുന്ന അപേക്ഷകൾ സ്വീകരിക്കുന്നതല്ല.
- അപേക്ഷ നൽകിയിട്ടുള്ളവർക്കായി എഴുത്തു പരീക്ഷയും, ഇന്റർവ്യൂവും ഏപ്രിൽ 11-ാം തീയതി ചൊവ്വാഴ്ച തിരുവല്ലഡോ. അലക്സാണ്ടർ മാർത്തോമ്മാ വലിയ മെത്രാന്മാലീത്താ സ്മാരക ആഡിറ്റോറിയത്തിൽ വെച്ച് നടത്തപ്പെടുന്നതാണ്.
- അപേക്ഷിക്കുന്ന ഓരോ കോഴ്സിനും 750 രൂപയാണ് ഫീസ്.
- അപേക്ഷകൾ പുരിപ്പിക്കുമ്പോൾ സഭയ്ക്ക് സ്പോൺസർഷിപ്പ് ചെയ്യാവുന്ന കോഴ്സുകൾ മാത്രം സെലക്ട് ചെയ്യുക.(MBBS, B.P.T, BMRS*c* (*Medical Records Science*),B.Sc Dialysis Technology , BSc Nursing (*Vellore & Chittoor Campus*), Diploma in Nursing)
- CMC Vellore Online Registration ചെയ്യുമ്പോൾ **40-MAR THOMA SYRIAN CHURCH OF MALABAR** എന്ന ടാബ് സെലക്ട് ചെയ്യുക.
- CMC Application Number (7Digit) എഴുതണം.
- Nursing Course- കൾക്ക് (BSc Nursing, Diploma in Nursing) അവിവാഹിതരായ പെൺകുട്ടികൾ മാത്രം അപേക്ഷിക്കേണ്ടതാണ്.
- സി.എം.സി MBBS പ്രവേശനാർത്ഥികൾ NEET UG പരീക്ഷയും മറ്റ് കോഴ്സിലേക്കുള്ളവർ CMC Online പരീക്ഷയും പാസ്സായിരിക്കേണ്ടതാണ്.
- പൂർണ്ണമല്ലാത്ത അപേക്ഷകൾ പരിഗണിക്കുന്നതല്ല.
- അപേക്ഷ ലഭിക്കുന്നതിനായി അടച്ച പണം യാതൊരു കാരണത്താലും തിരികെ ലഭിക്കുന്നതല്ല.
- സഭയുടെ സ്പോൺസർഷിപ്പിലൂടെ സി.എം.സിയിൽ പ്രവേശനം ലഭിക്കുന്നവർ 500 രൂപയുടെ മുദ്രപത്രത്തിൽ സത്യവാങ്മൂലം എഴുതി സഭാ ഓഫീസിൽ സമർപ്പിക്കേണ്ടതാണ്.
- മാറ്റങ്ങൾ വെബ്സൈറ്റ് [www.marthoma.in](http://www.marthoma.in) സന്ദർശിച്ച് ഉറപ്പാക്കുക.
- കൂടുതൽ വിവരങ്ങൾക്ക് <http://admissions.cmcvellore.ac.in> സന്ദർശിക്കുക.

### POINTS TO BE NOTED BY THE APPLICANTS

- Duly filled application form shall reach **Sabha Secretary, Mar Thoma Sabha Office, Thiruvalla-1 on 2023 March 24 (Friday) by 3 pm** via Speed post or by hand. The application form shall accompany the certificate from Vicar proving Church membership, copy of online application to CMC (with the applicants photograph), proof of remittance of sponsorship fee to the Sabha's bank account.
- Written test and Interview for the applicants will be held on **2023 April 11 (Tuesday) at Dr. Alexander Mar Thoma Valiya Metropolitan Smaraka Auditorium, Thiruvalla.**
- Sponsorship fee for each course is Rs.750/-.
- The courses (MBBS, B.P.T, BMRS*c* (*Medical Records Science*),B.Sc Dialysis Technology, BSc Nursing (*Vellore & Chittoor Campus*) Diploma in Nursing) which can be sponsored by the sabha shall only be selected by the applicants.
- CMC Vellore Online Registration - Please select the Tab '**40-MAR THOMA SYRIAN CHURCH OF MALABAR**'
- Applicants have to give the 7 digits CMC Application number.
- Only unmarried women candidates are eligible for Nursing courses. (*BSc Nursing & Diploma in Nursing*)
- Applicants to CMC MBBS shall pass NEET UG and applicants to other courses shall pass CMC Online exam.
- Partially filled applications will be rejected.
- Payment made for the application is not refundable.
- Those who get admission through sabha's sponsorship shall submit an affidavit in a stamp paper worth **Rs.500** at the Sabha Office.
- The changes on the above will be updated in the Sabha website [www.marthoma.in](http://www.marthoma.in)  
For more details please visit <http://admissions.cmcvellore.ac.in>.



## OFFICIAL CERTIFICATION FORM - 2023

Please fill this form in **BLOCK LETTERS****Summer  
Admission  
Courses 2023**Name of the Certifying Church/Mission/Body/Diocese MAR THOMA SYRIAN CHURCH OF MALABAR (40)**(USE ONLY ONE FORM PER CANDIDATE)**This form must reach Registrar's Office, CMC, Vellore, on or before: **17<sup>th</sup> April 2023 – For all Group A, B & CMC Vellore Chittoor campus courses****(PART 1. To be filled by the Candidate)**

CMC Application No.

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**(Without the CMC Application number this form is invalid)**(a) Full Name: .....  
(in capital letters as given in the CMC Application form)(b) Date, Month & Year of birth:                    /                    /  
.....

(c) Sex: Male / Female

(d) State of domicile:

(e) Religion:

**(Candidates now please fill the other side of the form)****PART 2. TO BE FILLED IN ONLY BY THE CERTIFICATION COMMITTEE.****Carefully tick the appropriate boxes given against each course to which you certify this candidate.**

<b>GROUP A COURSES (maximum 7 preferences)</b>	
001	MBBS
002	BSc Nursing (Vellore Town Campus)
201	BSc Nursing (Chittoor Campus)
003	BOT
004	BPT
005	BSc MLT
006	B.Optom
007	BSc Medical Records Science
008	Bachelor of Audiology & Speech Language Pathology
009	BSc Critical Care Technology
010	BSc Dialysis Technology
011	BSc Nuclear Medicine Technology
012	Bachelor of Prosthetics & Orthotics
013	BSc Radiography & Imaging Technology
014	BSc Radiotherapy Technology
015	BSc Medical Sociology
016	BSc Cardio Pulmonary Perfusion Care Technology
017	BSc Operation Theatre & Anaesthesia Technology
018	BSc Neuro-electrophysiology
019	BSc Accident and Emergency Care Technology
020	BSc Cardiac Technology
021	BSc Respiratory Therapy

<b>GROUP B COURSES (maximum 5 preferences)</b>	
051	Diploma in Nursing
052	Dip in Radiodiagnosis Technology (MRT)
054	Dip in Urology Technology
060	Dip in Anaesthesia Technology (Chittoor campus)
061	Dip in Anaesthesia Technology (Vellore campus)
062	Dip in Hand & Leprosy Physiotherapy Tech
094	Dip in Medical Lab Tech (Chittoor campus)
095	Dip in Hosp. Sterilisation Tech (Vellore Campus)
096	Dip in Optometry (Chittoor campus)
097	Dip in Hosp. Sterilisation Tech (Chittoor campus)
112	PG Dip. in Histopathological Lab. Technology
113	PG Dip. in Medical Microbiology
122	PG Dip. in Cardiac Technology
126	PG Dip. in Cytogenetics
127	PG Dip. in Genetic Diagnostic Tech
141	PG Dip. in Community Health Management
142	PG Dip. in Hospital Administration
143	PG Dip. Health Eco, Policy & Fin Management
145	Master of Hospital Administration (MHA)
151	PG Dip. in Clinical Pastoral Counselling
301	Dip in Hospital. Engineering and Equipment Maintenance
304	PG Dip. in Dietetics
306	Fellowship in Antimicrobial Stewardship for Clinical Pharmacists
307	Fellowship in Hospital Chaplaincy
308	Fellowship in Hospital Quality Management
403	MSc Epidemiology
404	MSc Biostatistics
405	MSc Medical Physics
406	MPH (Master of Public Health)
407	MSc Clinical Nutrition
408	MSc Nuclear Medicine Technology
409	MSc Bioethics
410	Master of Physiotherapy (Orthopaedics)
<b>MS Bioengineering</b>	

The officially constituted committee of the Church/Mission/Body for Certifying candidates to be considered under the Minority Network category for admission to Christian Medical College, Vellore has decided, after verifying eligibility: (Tick any one)

1. To certify this candidate for the course / courses marked above
2. Not to certify this candidate for any course

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: REV. C. V. SYMON.....

Name: RT. REV. DR. MATHEWS MAR MAKARIOS EPISCOPA.....

Signature of Convenor/Secretary  
of the certification committee

Signature of Chairman  
of the certification committee

Place: THIRUVALLA Date:

Place: THIRUVALLA 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 MOST REV. DR. THEODOSIUS.....  
MAR THOMA METROPOLITAN

Signature .....

Date .....

Place THIRUVALLA.....

**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. 750/- PER COURSE.....

**CHRISTIAN MEDICAL COLLEGE, VELLORE – 632 002. Tamil Nadu**

**PLEDGE FORM**

I realise that the Christian Medical College, Vellore is established to train doctors, nurses 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 Minority Network organisation in any way required of me especially during my holidays. I shall also endeavour to be involved in the activities of the Minority Network organisation.

\_\_\_\_\_  
**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 Minority Network organisation towards formalities of certification.

Date:.....

.....  
**Signature of Parent / Legal Guardian**

**APPLICATION FOR MINORITY NETWORK QUOTA ADMISSION  
FOR MALANKARA MAR THOMA SYRIAN CHURCH  
TO CHRISTIAN MEDICAL COLLEGE, VELLORE-2023**

**(MBBS, B.P.T, BMRS (Medical Records Science) B.Sc Dialysis Technology  
B.Sc Nursing ( Vellore & Chittoor Campus), Diploma in Nursing**

**(Application to be submitted to: Sabha Secretary, Mar Thoma Sabha Office, SCS Campus Thiruvalla-689101 on  
or before 24<sup>th</sup> March 2023, 3pm)**

		CMC Application No.														
<b>1.</b>	Name of Candidate (IN BLOCK LETTERS)															
<b>2.</b>	Courses for which sponsorship is required  (Rs. 750/- should be remitted for each courses)	<table border="0"> <tr> <td><b>1.MBBS</b></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td><b>2. BPT</b></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td><b>3.BMRS</b></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td><b>4.B.Sc Dialysis Technolgy</b></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td><b>5. B.Sc Nursing- Vellore Campus</b></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td><b>6.B.Sc Nursing – Chittoor Campus</b></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td><b>7.Diploma in Nursing</b></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	<b>1.MBBS</b>	<input type="checkbox"/>	<b>2. BPT</b>	<input type="checkbox"/>	<b>3.BMRS</b>	<input type="checkbox"/>	<b>4.B.Sc Dialysis Technolgy</b>	<input type="checkbox"/>	<b>5. B.Sc Nursing- Vellore Campus</b>	<input type="checkbox"/>	<b>6.B.Sc Nursing – Chittoor Campus</b>	<input type="checkbox"/>	<b>7.Diploma in Nursing</b>	<input type="checkbox"/>
<b>1.MBBS</b>	<input type="checkbox"/>															
<b>2. BPT</b>	<input type="checkbox"/>															
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<b>6.B.Sc Nursing – Chittoor Campus</b>	<input type="checkbox"/>															
<b>7.Diploma in Nursing</b>	<input type="checkbox"/>															
<b>3.</b>	Name of Father and Occupation															
<b>4.</b>	Mobile No.(WhatsApp)															
<b>5.</b>	Email for communication															
<b>6.</b>	Are you a member of the malankara Mar Thoma Syrian Church. If yes, Name of your Church.															
<b>7.</b>	Name of Vicar															

**Details of the amount remitted.....**

**Name of A/C Holder.....**

**Bank & Branch .....**

**Mode of Payment (Cash/Cheque/Account Transfer).....**

**Date of Transfer.....**

**Bank Details (Rs. 750/- for each course)**

**Name : SABHA SECRETARY**

**Branch: South Indian Bank, Thiruvalla**

**A/C No. 0079053000000820**

**IFSC : SIBL0000079**

**VPA: sabhaoffice@sib**