

**CHURCH MEMBERSHIP CERTIFICATE**

(This information is form MBBS/BDS/B.Sc Nursing/BPT admissions 2022 – CMC Ludhiana)

Name of the Candidate : .....

Date of Birth : .....

Father's Name : .....

Mother's Name : .....

Address : .....

.....

.....

This is to certify that, as per our Church records, Mr./Ms.....

is a member of our Church from ..... till ..... He /She is a  
communicant / non communicant member.

Name of the Church : .....

Address of the Church : .....

.....

.....

Name of Vicar : .....

Address : .....

.....

.....

Ph. No. : .....

E-mail : .....

Vicar's signature with official seal & date

**RT. REV. DR. EUYAKIM MAR COORIOS SUFFRAGAN METROPOLITAN**

(Authorized Signatory of the Church of CMC Ludhiana Society)

Address : **Mar Thoma Centre, 26, Bhai Vir Singh Marg,**

**Gole Market, New Delhi - 110 001,**

Telephone No. : 011-23342828

Signature with Date

Seal