



CHRISTIAN MEDICAL COLLEGE (CMC), VELLORE

In collaboration with

THE CENTRE FOR BIOETHICS (TCB), NEW DELHI



THE CENTRE FOR  
BIOETHICS  
Improving health care through Bioethics

## APPLICATION FORM FOR THE POST GRADUATE DIPLOMA IN CHRISTIAN BIOETHICS (PGDCBE)

(KINDLY FILL THE FORM IN CAPITAL LETTERS)

1. Name: \_\_\_\_\_

Affix your recent  
Photograph in  
Passport size

2. Date of Birth: \_\_\_\_\_ 3. Age: \_\_\_\_\_

4. Gender: Male/ Female      5. Marital Status: Married / Unmarried

6. Occupation \_\_\_\_\_ 7. Mother Tongue: \_\_\_\_\_

8. Postal address for communication:

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9. Contact No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

10. Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

11. Fluency in speaking English:      Excellent / Moderate / Limited

12. Ability in comprehending English:      Excellent / Moderate / Limited

13. Ability writing in English:      Excellent / Moderate / Limited

14. Which do you have, Laptop / Desk top / Tab / iPad? \_\_\_\_\_

15. In case of emergency, person to whom intimation should be sent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone / Mobile No.: \_\_\_\_\_

16. Please fill all the columns given below and enclose photo copies of attested certificates:

GENERAL & TECHNICAL EDUCATION QUALIFICATION				
S. NO.	COURSE DETAILS	NAME AND ADDRESS OF SCHOOL / COLLEGE	DATE OF PASSING	PERCENTAGE / MARKS OBTAINED
1.	DIPLOMA OF  Regular / Dist. Education			

2.	BACHELOR OF  Regular / Dist. Education			
3.	MASTER OF  Regular / Dist. Education			
4.	Additional Qualifications			
5.	Additional Qualifications			

**17. EMPLOYMENT DETAILS (Present Employment at the Top)**

S. NO.	NAME OF THE COMPANY / INSTITUTION	POSTS HELD	PERIOD SERVED		REASONS FOR LEAVING
			FROM	TO	
1.					
2.					
3.					
4.					
5.					
6.					

**18. CONTACT DETAILS OF YOUR CURRENT EMPLOYER**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

**19. Kindly Provide Two References (Mandatory) with your Application Form.**

<b>REFERENCES DETAILS</b>	
<b><u>REFERENCE 1</u></b>	<b><u>REFERENCE 2</u></b>
Name:	Name:
Designation:	Designation:
Working Institution:	Working Institution:
Address:	Address:
Contact No.:	Contact No.:
Email ID:	Email ID:

**20. Give details here of your literary, cultural, artistic games, sports, ability and achievements etc.**

**21. What motivated you to apply for this course?**

**22. Do you agree to abide by the current and future rules and regulations of Christian Medical College, Vellore?**

Yes / No

**Kindly enclose copies of the following documents in the order given below:**

- UG Degree Certificate
- PG Degree Certificate
- Diploma Certificates (Additional)
- No Objection Certificate (NOC) from current employer
- 2 Reference Letters

**PLEASE ENSURE THAT ALL THE DETAILS ARE FILLED IN PROPERLY AND THAT NECESSARY DOCUMENTS ARE ENCLOSED. INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

I hereby declare that the details and information given above are complete and true to the best of my knowledge. I understand that falsification of data will result in automatic disqualification.

*Kindly note that it is mandatory for the students to use PC/Laptop/Tablet throughout the course and not mobile phones.*

**SIGNATURE OF THE APPLICANT**

**DATE:**

**PLACE:**

**SIGNATURE OF THE CURRENT EMPLOYER  
WITH INSTITUTION SEAL**

**DATE:**

**PLACE:**