

**CHURCH MEMBERSHIP CERTIFICATE**

(This Information is for PG – MD/MS admissions 2024 – CMC Ludhiana)

Date: .....

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. .... Cell No. ....

E-mail.....

Vicar’s signature with official seal & date.....

**RT. REV. ZACHARIAS MAR APREM EPISCOPA**

(Authorized Signatory of the Church of CMC Ludhiana Society)

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

**Gole Market, New Delhi – 110001**

Telephone No.: 011-23348800

Signature with date

Seal