

GOSSNER EVANGELICAL – LUTHERAN CHURCH IN CHOTANAGPUR AND ASSAM

GELC ARCHIVE

Call Number: **GELC-A _ 001 _ 1426**

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Title

SCHOLARSHIP APPLICATIONS_ MEDICAL STUDIES- PRABHUSAHAY LINDA
(GELC) RAVINA ANJALI AIND (GELC) JAYANT ARUN AIND (GELC)

Volume:

Running from year: 1991

till year:

Content:

- Application
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- Application

P. L. H. & RECONSTRUCTIVE SURGERY HOSPITAL, SALUR,

Hosp. No. _____

Name : _____ Age : _____ Sex : _____

Address: _____

Date _____

Diagnosis

Int. Code No.

Prabhu Sahay Linda

(G.E.L.C)

[illegible]

SUMMARY OF OPERATIONS

[illegible]

APPLICATION FOR SPONSORSHIP TO MBBS AND POST
AT LUDHIANA CHRISTIAN MEDICAL COLLEGE



1. Name: PRABHU SAHAY LINDA
(As per school Certificate)
2. Date of Birth: 28-12-67
3. Sex: Male
4. Educational Qualifications: Bse
5. Father/Guardian's Name and Address: Mr. Jay Masih Linda
vill. Hulhundu
p.o. Hatria Ranchi
6. Full Address for Correspondence: Prabhu Sahay Linda
vill. Hulhundu
p.o. Hatria Ranchi - 83400
7. Marks obtained +2 or Matric or MBBS if for post graduate:
408
8. Application sent for Admission to: MBBS / P.G. M.B.B.S 11th year
9. If for P.G., which discipline: _____
10. Church/Institution sponsorship:
(only candidates from Lutheran Churches under UELCI and their institutions will be considered for sponsorship) Letter should be enclosed from the head of the Church/Institution.

Rev. A. S. Nag
9.4.91
Chairman
G. E. L. Church
Dhurwa & Salimar
Ranchi (K. S. S.)
11. References:
Three references - One from your own parish priest (Names and addresses of three referees should be typed on stamped envelopes and sent along with this application).
12. Sponsorship Obligation:
I Mr. Prabhu Sahay if selected to the MBBS/P.G. Course at Ludhiana promise to serve the sponsoring institution/UELCI institution for a period of three years after completing my course. If for any reason I am not able to fulfil my obligation I promise to pay Rs. 25,000/- (Rupees twenty five thousand) to the National Lutheran Health & Medical Board/UELCI) and also pay the college as per their rules. After selection to the course I will sign the obligation on a stamped bond paper.

Signature of Parent/Guardian.

Prabhu Sahay Linda
Signature of applicant.

Witness: 1.

2.

(Three self addressed stamped envelopes also to be enclosed along with those for referees) No fee is to be collected by the Church/ Institution.

✓ Church/Institutional sponsorship:

We are pleased to sponsor Mr. Prabhu Sahay Linder

S/o./D/o. Shri Jay Masih Linder for M.B.B.S

Course at Christian Medical College, Ludhiana for the year 91-92

(1st year) He/ ~~She~~ is a regular member/Staff of our church/

Institution (Name) _____

dated _____

Head of Institution

Name and Address:

Signature: Bishop/President

Name and address

The completely filled application is to be sent to:

DR. R. H. THANGARAJ
Executive Director
National Lutheran Health and Medical Board
SALUR-532501
Vizianagaram-Dist
Andhra Pradesh.

Dear Sir,

I am Christian member. My father is very poor
I am studying MBBS Coarse in Darbhanga Medical College (Bihar)
At present I am in second year student of this college. I want
to get some help or to get admission at Ludhiana Christian Medical
College in the 3rd & 4th year for the year 91-92 & 93-94.

I, therefore, request you to consider my case syempethe-
tically to get admission at Ludhiana Christian Medical College
for MBBS.

Thanking you,

Yours faithfully,

Prabhu Sahay Linda

(Prabhu Sahay Linda)

CHURCH MEMBERSHIP CERTIFICATE.

This is to certify that Mr. Prabhu Sahay Linda, s/o Mr Jaymash Linda, at New Huthundi, P.O. Huthundi Dt. Ranchi Bihar is the member of our G. E. L. church Huthundi Parish Hatia, Jharkhand Ranchi (K.S.S.) under Gossner Evangelical Lutheran church Chhotanagpur and Assam.

He bears a good moral character, and I wish he succeeds in his life.

Chairman

Rev. C. A. B. Nag

G. E. L. church Dhurwa-Salimar.

Rev. Anag

9.4.91

G. E. L. Church
Dhurwa & Salimar
Ranchi (K. S. S.)

To,

Prabhu Sahay Winda

At - New Hulhundu

P.O - Hulhundu

Dist - Ranchi (Bihar)

Pin - 835 221

P. L. H. & RECONSTRUCTIVE SURGERY HOSPITAL, SALUR,

Hosp. No. _____

Name : _____ Age : _____ Sex : _____

Address 1 _____

[illegible]

[illegible]

Date	SUMMARY OF OPERATIONS

APPLICATION FOR SPONSORSHIP TO MBBS AND POST GRADUATE COURSE
AT LUDHIANA CHRISTIAN MEDICAL COLLEGE.



1. Name: JAYANT ARUN AIND
(As per school Certificate)
2. Date of Birth: 05.01.1973
3. Sex: MALE
4. Educational Qualifications: APPLY FOR +2
5. Father/ Guardian's Name and Address: MR. K. AIND, T.A & C.D SECTION MELON, RANCHI-2
P.O - HINOO, PIN-834002
6. Full Address for Correspondence: MR. K. AIND, T.A & C.D SECTION MELON, RANCHI-2
P.O - HINOO, PIN-834002
7. Marks obtained +2 or Matric or MBBS if for post graduate:
Science - 70 (out of -150)
English - 53 (out of -150)
8. Application sent for Admission to: MBBS / P.G. MBBS
9. If for P.G., which discipline: X
10. Church/Institution sponsorship: GEL CHURCH RANCHI
(only candidates from Lutheran Churches under UELCI/and their institutions will be considered for sponsorship) Letter should be enclosed from the head of the Church/Institution.
11. References:
Three references - One from your own parish priest (Names and addresses of three referees should be typed on stamped envelopes and sent along with this application). *No references*
12. Sponsorship Obligation:
I Jayant Arun Aind if selected to the MBBS/P.G. Course at Ludhiana promise to serve the sponsoring institution/UELCI institution for a period of three years after completing my course. If for any reason I am not able to fulfil my obligation I promise to pay Rs. 25,000/- (Rupees twenty five thousand) to the National Lutheran Health & Medical Board/UELCI) and also pay the college as per their rules. After selection to the course I will sign the obligation on a stamped bond paper.

Signature of Parent/Guardian.

Jayant Arun Aind
Signature of applicant.

Witness: 1. Kalyan Aind
2. Krushnakhari Aind

(Three self addressed stamped envelopes also to be enclosed along with those for referees) No fee is to be collected by the Church/ Institution.

Church/Institutional sponsorship:

We are pleased to sponsor Jayant Arun Aind
S/o./D/o: MR. Kalyan Aind for MBBS
Course at Christian Medical College, Ludhiana for the year 1991.
He/ She is a regular member/Staff of our church/
Institution (Name) Gossner Evangelical Lutheran
Church in Chotanagpur & Assam
dated 2.4.1991



Head of Institution

Name and Address:

Signature: Bishop/President

Name and address:

Rev. C. S. R. S. Prasad, President
G.E.L. Church in Chotanagpur
and Assam, Ranchi
834 001.

The completely filled application is to be sent to:

DR. R. H. THAKURAJ
Executive Director
National Lutheran Health and Medical Board
SALUR-532591
Vizianagaram-Dist
Andhra Pradesh.

OFFICE OF THE
GOSSNER EVANGELICAL LUTHERAN CHURCH IN CHOTANAGPUR & ASSAM

Ref : 264 /91/KSS - 25

Dated : 2.4.91..

To
The Head of the
Ludhiana C.M.C.H.

We are pleased to sponsor *Jayant Arun Arnd.*
D/o. S/o. *Mr. Kalyan Arnd* resident of
.. *Kadru Naya Basti, Near Buzora station* . . .
Kanchi-2. P.O. - Hingoo
for M.B.B.S. course at Christian Medical College Ludhiana
beginning from the year 1991. She/He is a bonafied member
of our G.E.L. Church in Chotanagpur and Assam.

We wish him/her all success in life.

Prasanna
(C.S.R. Topno)
Pramukh Adhyaksh

Pramukh Adhyaksh
(President)
G.E.L. Church in Chotanagpur
and Assam, Ranchi

cc: Dr. Thangaraj
Executive Director
N.L.H. & M.B.
SALUR.

[illegible]

Date	SUMMARY OF OPERATIONS

APPLICATION FOR SPONSORSHIP TO MBBS AND POST GRADUATE COURSE
AT LUDHIANA CHRISTIAN MEDICAL COLLEGE



1. Name: RAVINA ANZLI AIND

(As per school Certificate)

2. Date of Birth: 16.7.1973

3. Sex: FEMALE

4. Educational Qualifications: _____
+2

5. Father/ Guardian's Name and Address: _____

MR. K. AIND, T.A & C.D. MECON, RANCHI-2
P.O. HINDO, PIN-834002

6. Full Address for Correspondence: _____

MR. K. AIND, T.A & C.D. MECON, RANCHI-2
P.O. HINDO, PIN-834002

7. Marks obtained +2 or Matric or MBBS if for post graduate:

ENGLISH - 49, PHYSICS - 66, BIOLOGY - 63
CHEMISTRY - 59 (OUT OF - 100)

8. Application sent for Admission to: MBBS / P.G. MBBS

9. If for P.G., which discipline: _____

10. Church/Institution sponsorship: GEL CHURCH RANCHI
(only candidates from Lutheran Churches under UELCI/and their institutions will be considered for sponsorship) Letter should be enclosed from the head of the Church/Institution.

11. References:

Three references - One from your own parish priest (Names and addresses of three referees should be typed on stamped envelopes and sent along with this application).

Not required

12. Sponsorship Obligation:

I Ravina Anzli Aind if selected to the MBBS/P.G. Course at Ludhiana promise to serve the sponsoring institution/UELCI institution for a period of three years after completing my course. If for any reason I am not able to fulfil my obligation I promise to pay Rs. 25,000/- (Rupees twenty five thousand) to the National Lutheran Health & Medical Board/UELCI) and also pay the college as per their rules. After selection to the course I will sign the obligation on a stamped bond paper.

Mrs. Krushdhevi Aind
Signature of Parent/Guardian.

Ravina Anzli
Signature of applicant.

Witness: 1. Kalyan Aind

2.

(Three self addressed stamped envelopes also to be enclosed along with those for referees) No fee is to be collected by the Church/ Institution.

Church/Institutional sponsorship:

We are pleased to sponsor Ravina Anyti Aind
S/o./D/o: Mr. Kadyan Aind for MBBS
Course at Christian Medical College, Ludhiana for the year 1991.
He/ She is a regular member/Staff of our church/
Institution (Name) Gossner Evangelical Lutheran
Church in Chotanagpur & Assam
dated 2.4.91.

Head of Institution

Name and Address:

Signature: Pranab Adhikari
Bishop/President

Name and address
G.E.L. Church in Chotanagpur

Rev. C.S.R. Prasad, President
G.E.L. Church K.S.S. Office
Ranchi - 834 001

The completely filled application is to be sent to:

DR. R. H. THANGARAJ
Executive Director
National Lutheran Health and Medical Board
SALUR-532591
Vizianagaram-Dist
Andhra Pradesh.

OFFICE OF THE
GOSSNER EVANGELICAL LUTHERAN CHURCH IN CHOTANAGPUR & ASSAM


Ref : 264 /91/KSS - 25

Dated : 2.4.91 . . .

To
The Head of the
Ludhiana C.M.C.H.

We are pleased to sponsor *Rajna Angli Aind.* .
D/o./S/o. *Mr. Kalyan Aind.* resident of
Kadru Naya Basti, Near Argora Station.
Ranchi-2. . . P.O. - Himoo.
for M.B.B.S. course at Christian Medical College Ludhiana
beginning from the year 1991. She/He is a bonafied member
of our G.E.L. Church in Chotanagpur and Assam.

We wish him/her all success in life.


(C.S.R. Topno)
Pramukh Adhyaksh

Pramukh Adhyaksh
(President)
G.E.L. Church in Chotanagpur
and Assam, Ranchi

cc: Dr. Thangaraj
Executive Director
N.L.H. & M.B.
SALUR.