

EMMANUEL HOSPITAL ASSOCIATION
808/92, Deepali Building, Nehru Place, New Delhi- 110019
REFERENCE I

Name of the Referee:

Organisation / Church:

Position in the Organisation / Church:

Candidate's Name:

Courses Applied for:

How long have you known the candidate?

How long have you known the Parents?

What would you say are the four strengths of the candidate?

1. _____
2. _____
3. _____
4. _____

What are his / her four weakness or constraints?

1. _____
2. _____
3. _____
4. _____

From your association with the candidate do you think he/she has long term commitment to medical missions in North India?

What are your reasons to think so?

Is there any other information about the candidate that you would like us to know?

Do you recommend the candidate for sponsorship for the course he/she has applied?

YES / NO

Date:

Place:

Seal:

Signature:

Please enclose this in a envelope, seal it and sign across the flap

EMMANUEL HOSPITAL ASSOCIATION
808/92, Deepali Building, Nehru Place, New Delhi- 110019
REFERENCE II

Name of the Referee:

Organisation / Church:

Position in the Organisation / Church:

Candidate's Name:

Courses Applied for:

How long have you known the candidate?

How long have you known the Parents?

What would you say are the four strengths of the candidate?

1. _____
2. _____
3. _____
4. _____

What are his / her four weakness or constraints?

1. _____
2. _____
3. _____
4. _____

From your association with the candidate do you think he/she has long term commitment to medical missions in North India?

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