

GOSUMEC ALUMNI ASSOCIATION

Ground floor, College Building, Opp. Dean's Office, Seth G.S. Medical College & K.E.M. Hospital, Parel, Mumbai 400 012 Tel.No:2 4107406; e-mail: nostalgia@kem.edu

Date: 11/08/2023

NOTICE

Gosumec Alumni Association announces the following Scholarship / Financial Aid.

1. Financial assistance to needy students

Eligibility for the above mentioned scholarships.

- 1. Undergraduate medical student of Seth G S Medical College.
- 2. Annual Income of parents / guardian not exceeding Rs. 600000/- per year.
- 3. Females will be given preference.
- 4. Merit and socio-economic status will be given equal importance.

The deserving and desirous students should make application. The forms are filled with all the documents attached to be submitted to GAA office Nostalgia with 15 days of this notice.

Application form available on website - www.kem.edu- Alumni- Scholarship details.

Undersigned authorities will scrutinizes the form and the inform further decision.

Dr. Sangeeta Ravat

Dr. Ravindra Deokar

Dean & President

Hon. Secretary

Dr. Ujwal Rathod

Hon. Jt. Secretary

Dean, K.E.M.H. & Seth G.S.M.C.

Parel, Mumbai - 400 012.

M.C., Hon. Secretary
Gosumec Alumni Association

Seth GSMC & KEM Hospital Parel, Mumbai - 400 012.



GOSUMEC ALUMNI ASSOCIATION SETH G. S. MEDICAL COLLEGE, PAREL MUMBAI - 400 012.

Application Form for merit cum need based Scholarship 2023-2024

Photo

| 1) Name | or financial abordon a so my fa | Roll No: |
|--------------------------|--|--------------------------------|
| Mobile: | Email ID: | consultative medical education |
| 2) Address: | call act of the frame of the com- | |
| | | |
| 3) Father / Guardian's f | ************************************** | Tel.No.: |
| | | |
| Res. Address: | supplied by the student | |
| 4) Occupation of Fathe | r / Guardian with professional ac | ddress: Tel. No.: |
| Prof. Address: | catedout of ideololino, year) | |
| | | |
| 6) SML No | allocate to me abblicate if our | |
| | 20) & %age:/ 720 - | |
| PCB marks (out of 300 |)) & %age:/ 320 - | % |
| Grade: | in full | |
| 7) Last 'exam. Board | (H.S.C): Maharashtra Board agg | gregate marks |
| Passing Year & Month | | ks in English: |
| Medium of instruction | Name of So | chool/ College |
| 8) % of marks in Xth | Std | |
| | | |
| | | |
| | ctivities: | |
| 11)Are you getting an | y Scholarship / Freeship, if any | give details: |
| 12) Personal Bio-data | :Date of Birth: | |
| | | an presentation of the second |

Signature of the applicant

Documents to be attached certified copies:

1. 12th H.S.C. Mark Sheet 2. NEET Exam Mark sheet 3. Income certificate for the previous year

SETH G.S. MEDICAL COLLEGE Application for financial assistance 2023-2024

Date:

| To The Dean Seth G.S.M.College, Gosumec Alumni Association | Photo |
|--|-------|
| Sir, | |

I wish to apply for financial assistance as my family income does not permit me to pay the fees and incur other essential expenditure in connection with my medical education.

I hereby submit the following particulars for your favourable consideration.

Yours faithfully,

| (Signature) Information to be supplied by the student. | | | |
|--|---|--|--|
| 1)Full Name | | | |
| Currently I am a student of (discipline, year) | | | |
| 2)Father's or Guardian's Full name | | | |
| 3)Relation of Guardian to the applicant if any | | | |
| 4)Date of Birth | | | |
| 5)Native place & District | | | |
| Present address in full | | | |
| 1. Supporting the excepation of Excens of | the parent/peardism | | |
| 6) Profession or occupation of Father /Guardian_ | | | |
| No. of earning members in the family | | | |
| No. of non-earning members in the family | | | |
| 7) Annual income of the family | | | |
| 3).Monthly income of the candidate derived from any other source | n scholarship, private tuition service or | | |
| 9). Statement of applicant's scholarships received | previously: | | |

| | rear or passing | Marks obtained | Attempt |
|-------------------------|------------------------------|-----------------------|--|
| Matriculation or S.S.C. | | | |
| H.S.C | | | |
| First M.B.B.S. | | | A Maria Cara Cara Cara Cara Cara Cara Cara |
| Second M.B.B.S. | | | |
| Third M.B.B.S Part 1 | 30 | DE B | |
| Prizes and Scholarships | en <u>attributes de auti</u> | The Section Section 1 | control Advantage |
| | | | |
| | | | |

Any financial assistance from any source such as any association, Donors, Organizations, scholarships, free ships, loan etc. and if please state details thereof and the actual help in kind herein, there from:

Checked & affirmed By: - HC (GUG)

Seth G.S. Medical College

Note: Please attached xerox copy of

- 1. Supporting the occupation of income of the parent/guardian
- 2. Family income of the previous year
- 3. Mark sheet of the previous academic year
- 4. Bonafide certificate