



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

Application Form for _____ Scholarship

Photo

1) Name: _____ Roll No: _____

Mobile: _____ Email ID: _____

2) Address: _____

3) Father / Guardian's full name: _____ Tel.No.: _____

Mobile: _____ Email ID: _____

Res. Address: _____

4) Occupation of Father / Guardian with professional address: _____ Tel. No.: _____

Prof. Address: _____

5) Date of Admission: _____

6) SML No. _____

NEET Marks (out of 720) & %age: _____ / 720 - %

PCB marks (out of 300) & %age: _____ / 320 - %

Grade: _____

7) Last 'exam. Board(H.S.C): Maharashtra Board aggregate marks

Passing Year & Month: _____ Marks in English: _____

Medium of instruction _____ Name of School/ College _____

8) % of marks in Xth Std. _____

Medium of instruction _____ Name of School _____

9) Awards/ achievement _____

10) Extra curricular activities: _____

11) Are you getting any Scholarship / Freeship, if any give details:

12) Personal Bio-data: Date of Birth: _____

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
4. Fee Receipt of Seth G.S. Medical College
5. Bonafide certificate of Seth G.S. Medical College