



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:2 412 9099; e-mail: nostalgia@kem.edu

NOTICE – I

Gosumec Alumni Association announces the following Scholarship / Financial Aid.

1. **"Indira Foundation's Motivation for Excellence Scholarships"** merit based for financially needy students.

Scholarships full fees paid for the entire course.

2. **"Indira Foundation's Motivation for Excellence Scholarships"**

Scholarships half fees paid for the entire course.

3. **"Dr. Brijlal Gupta Memorial Scholarship"**

Rs. 30,000/- per each academic year

1 scholarship for the entire course

Eligibility for the above mentioned scholarships.

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

The deserving and desirous students should make application. The forms are available with admission clerk, GAA office, Nostalgia. The filled in form with all the documents attached to be submitted to GAA office Nostalgia.

Dr. Gita Nataraj

Hon. Secretary



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

Application Form for _____ Scholarship



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

NOTICE II

Gosumec Alumni Association, Poor Boys' Fund and Diamond Jubilee Society Trust announce Financial Aid to economically needy students.

(The parental / guardian income **not exceeding** Rs. 600000/- per year.)

Eligibility

Only Seth G S Medical College medical and paramedical undergraduate students are eligible.

The deserving and desirous students should apply in specified forms. The forms are available with DJST office (1st Floor, Dept. of Pharmacology)

The candidates should submit the forms duly filled with necessary attached documents at the DJST office.

Dr. Gita Nataraj
Hon. Secretary

Dr. NN Rege
Hon. Secretary

Dr. Amita Joshi
Hon. Secretary

SETH G.S. MEDICAL COLLEGE POOR BOYS FUND
Application for assistance from (1) G.S. M. College Poor Boys fund (2) Gosumec
Alumni Association (3) Diamond Jubilee Society Trust

Date:

To
The Managing Trustee (Dean)
Seth G.S.M.College,
Poor Boys Fund

Madam,

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_____
- 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_____
- 6) Present address in full_____
- 7) Profession or occupation of Father /Guardian_____

- a) No. of earning members in the family_____
- b) No. of non-earning members in the family_____
- c) Annual income of the family_____

8) Monthly income of the candidate to derived from scholarship, private tuition service or any other source_____

9) Statement of applicants academic career and or scholarships won:

	<u>Year of passing</u>	<u>Marks obtained</u>	<u>Attempt</u>
Matriculation or S.S.C. F.Y.			
Science			
H.S.C			
First M.B.B.S.			
Second M.B.B.S.			
Third M.B.B.S Part 1			
Prizes and Scholarships			

10) Material change, if any, in the financial condition of the applicant of his family since admission to the college.

11) Any other information in support of the application for Free Studentship or help inform of books, hostel fees, boarding etc.

12) 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**