

## 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: 03/10/2024

#### 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.

Dr. Rayindra Deokar

Hon. Secretary

Dr. Sangeeta Ravat

Dean & President

Dean, K.E.M.H. & Seth G.S.M.C., Parel, Mumbai - 400 012.



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

Application Form for merit cum need based Scholarship 2024-2025

|   | Photo          |  |  |  |
|---|----------------|--|--|--|
| 1) Name:  | Roll No:       |  |  |  |
| Mobile:Email ID:  |                |  |  |  |
| 2) Address:   |                |  |  |  |
|   |                |  |  |  |
| 3) Father / Guardian's full name:Email ID:                      | Tol No:        |  |  |  |
| Res. Address:   |                |  |  |  |
| 4) Occupation of Father / Guardian with professional addre      | ess: 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 instructionName of School                             | / College      |  |  |  |
| 8) % of marks in Xth Std  |                |  |  |  |
| Medium of instructionName of School                             |                |  |  |  |
| 9) Awards/ achievement  |                |  |  |  |
| 10) Extra curricular activities:                                |                |  |  |  |
| 11)Are you getting any Scholarship / Freeship, if any give of   |                |  |  |  |
| 12) Personal Bio-data:Date of Birth:                            |                |  |  |  |

Signature of the applicant

Documents to be attached certified copies:

1. 12<sup>th</sup> 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 2024-2025

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 of |       |

he 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   |
| 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  |
| 8). Monthly income of the candidate derived from scholarship, private tuition service or any other source |
| 9). Statement of applicant's scholarships received previously:  |

|   | Year of passing | Marks obtained | Attempt   |
|---|-----------------|----------------|---|
| Matriculation or S.S.C.                                     |                 |                |   |
| H.S.C   |                 |                |   |
| First M.B.B.S.  |                 |                |   |
| Second M.B.B.S.   |                 |                |   |
| Third M.B.B.S Part 1  |                 |                |   |
| Prizes and Scholarships                                     |                 |                |   |
| Any financial assistance fr<br>scholarships, free ships, lo |                 |                | Donors, Organizations,<br>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

Email:

Mobile no.: