



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:01/12/2025

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. Ujwal Rathod
Hon. Secretary


Dr. Sangeeta Ravat
Dean & President



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

Application Form for merit cum need based Scholarship 2025-2026(1st Yr MBBS)



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

SETH G.S. MEDICAL COLLEGE
Application for financial assistance 2025-2026 (2nd & 3rd Yr MBBS)

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_____

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 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**

Email:

Mobile no.: