



**The AIIMSONIANS
(Alumni Association of AIIMS)**

Merit cum Need based Scholarship

Application for financial support

CATEGORY: MB,BS student / Nursing student

Name _____ Age _____ Gender _____

Address for communication
(Postal) _____

Phone _____

Email _____

Current position _____

Total duration of course _____

Examination details (start from the most recent one and end with Sr. Secondary School)

Examination	University/College	Month/Year	Grade/Scores

Family background

Name _____ Father _____ Mother _____

Name _____

Occupation _____

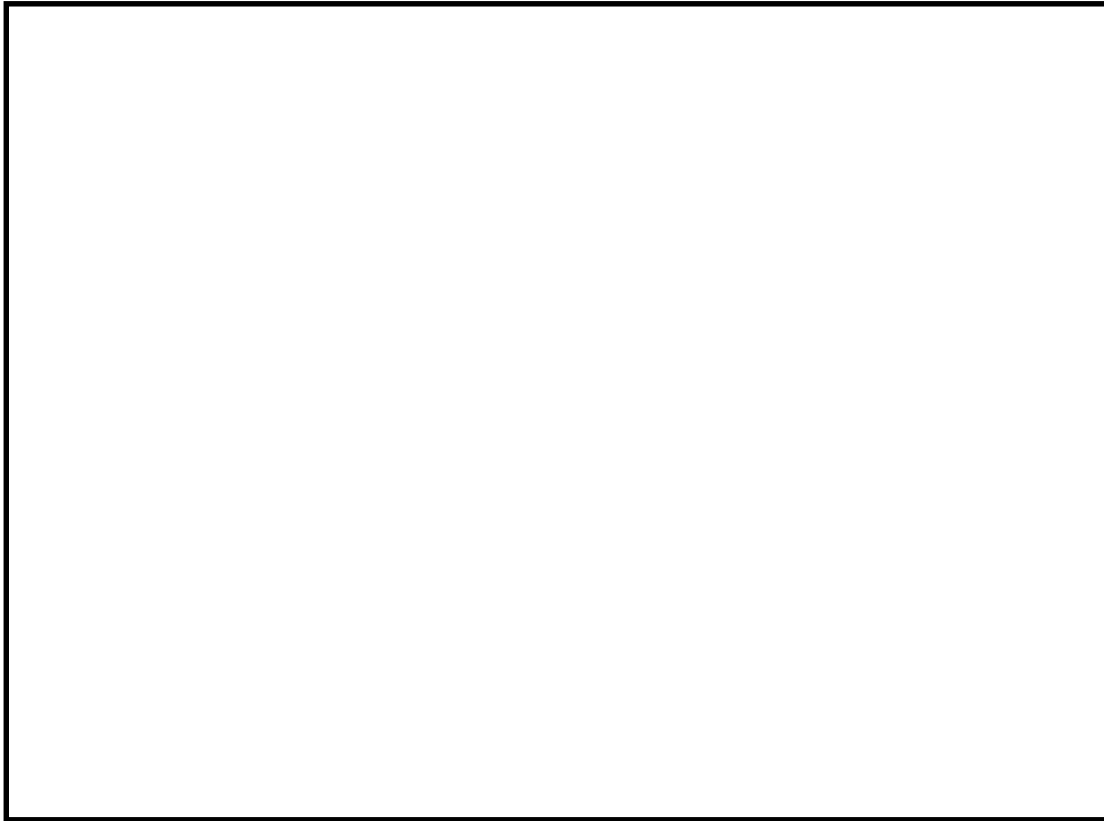
Education _____

Income _____

Siblings: How many _____ Your order among your siblings _____

Total expenditure related to your course of study _____

Statement of need (Please give us some information about yourself and to assess your needs for financial support)



Details of expenses

1. Tuition
2. Hostel
3. Books
4. Mess
5. Others

For what area of expenditure do you require the financial support
