



Baroda Medical College Alumni Association (BMCAA)

Assistance Application Form PART - I - General Details

Date: _____

A. PERSONAL INFORMATION :

I understand that I will be required to certify that the information I provide for applying for assistance from BMCAA Foundation is true and correct,
If I provide false or misleading information, I understand that I might be subject to legal proceedings.

1. _____
First Name _____ Middle Name _____ Last name _____
2. Date of Birth : _____ 3. Aadhar Number : _____
(DD/MM/YYYY)
4. Entry year in Medical Collage Baroda: _____ (MM/YYYY)

B. CONTACT INFORMATION :

1. Local Address :

Line 1 _____

Line 2 _____

Town: _____ City : _____

State: _____ PIN

2. Permanent Address : if same as mailing address, Tick here

Line 1 _____

Line 2 _____

Town: _____ City : _____

State: _____ PIN

2. Phone Number :

Mobile Phone Number : _____ Alternate Mobile Number: _____

Primary E-mail ID : _____ Secondary E-mail ID : _____

C. EDUCATIONAL DETAILS

Passed 12th in year _____ Board _____ Percent obtained _____
(All Subjects)

Any achievement during schooling _____

Application for Assistance

PART II Educational Assistance

A. Eligibility Requirement

Our basic eligibility requirements are that you must

- Demonstrate financial needs
- Be an Indian citizen
- Be enrolled or accepted for enrolment as a regular student in an eligible degree program at Medical College Baroda.

Required documents

- Recommendation from Teacher of BMC
- Your Aadhar card
- Your Parent's Income Tax Returns of last 3 years
- Your income Tax Return of last 3 years
- Information on cash, Bank account, investments, Complete the form
- Bank accounts statements (Last 1 year)

Please fill in all details for educational assistance

SECTION : 1 - STUDENT INFORMATION

(a) Student income details

- PAN _____
- Annual income (last year) : _____
- Annual Expenses (Last Financial Year) : Rs._____

(b) Student's assets:

- a. Mobile brand : _____
- b. Vehicle : Yes No If yes Provide Details _____ Reg. No. _____
- c. House Rented Owned Sharing (If Rented amount of Rent : _____)

(c) Student's Networth :

- a. Cash in Banks Rs. _____
- b. Fixed deposit _____
- c. NSC/KVP Rs. _____
- d. PPF _____
- e. EPF _____
- f. Stocks _____
- g. Bonds _____
- h. Real estate _____
- i. Agriculture Land _____
- j. Vehicles _____
- k. Gold and Jewellery _____
- l. Mutual fund _____

Total assets : _____

SECTION : 2 - STUDENT DEPENDENCY STATUS

I am single I am married

If married Details of spouse :

Name : _____

Aadhar No. : _____ Occupation : _____

Remuneration (annual) : _____ Last financial Year's income : _____

Details of Children : (If applicable)

Child 1 : Name : _____ Age : _____ Occupation : _____

Child 2 : Name : _____ Age : _____ Occupation : _____

Child 3 : Name : _____ Age : _____ Occupation : _____

SECTION : 3 - STUDENT'S ANNUAL EXPENSES (In INR)

(1) House Rent / EMI (Boarding Expenses) : _____

(2) Lodging Expenses _____

(3) Entertainment _____

(4) Vehicle _____

(5) Electricity _____

(6) Insurance _____

(7) Other Expenses _____

Total Expenses: Rs. _____

Section : 4 - PARENT INFORMATION

A. Father: Living **Mother:** Living

Name : _____
Aadhar No. _____
PAN : _____

Address :
Line 1 _____
Line 2 _____
Line 3 _____

Town : _____ City : _____
State : _____ PIN

Occupation : _____
Last Financial Year's income: _____
Income Tax Paid (last FY) _____

Total Family Income (Per Annum) :Rs. _____

B. Family Assets :

a. Cash in Banks : _____ b. Fixed Deposits : _____

c. NSC/KVP/Sukanya Samidhi : _____ d. PPF _____

e. EPF _____ f. Stocks _____

g. Bonds _____ h. Mutual funds _____

i. Real estate _____ j. Agricultural land _____

k. Vehicles _____ l. Gold and Jewellery _____

C. Family Liabilities : Outstanding Loan: _____

D. Total Networth: _____

SECTION : 5 - EDUCATION DETAILS

Admitted in MBBS course on : _____ Currently in : _____

1st MBBS Result : Marks: _____ Percentage: _____ **2nd MBBS Result:** Marks: _____ Percentage: _____

3rd (1st) MBBS Result: Marks: _____ Percentage: _____ **3rd (2nd) MBBS Result :** Marks: _____ Percentage: _____

SECTION : 6 - REPAYMENT (for Student Loan only)

I plan to repay the loan amount in the following manner

Repayment start date : _____ EMI per month : _____

Total Installments: _____ Signature of applicant _____

Recommended by:-

Remarks _____

Name : _____ Position _____
Dept. _____ Sign : _____