The AIIMSONIANS
(Alumni Association of AIIMS)

Passport size photograph

All AIIMSONIANS Scholarships

Application for financial support

CATEGORY: MBBS student / Nursing student *(Tick correct option)*

Name: Age: Gender:

Postal Address:

Phone:

Email ID:

Current Position:

Date of joining the course:

Expected Date of completion:

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

Examination	University/College	Month/Year	Grade/Scores

*For UG students who have not yet appeared for the 1st professional exam should mention their marks for each of the 3 mid semester exams they have appeared in so far.

Family Background

Name: Father Mother

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 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: _____

_____

Please submit the completed applications to Mr. Ajit Pandey in the AIIMSONIANS office (Room No. 38-A, Pre Clinical Block, AIIMS, New Delhi, Phone: 26594461)The last date for submitting the application is **15 September 2026.**

For further information, please contact Dr Sujoy Pal, Secretary, The AIIMSONIANS, Department of G I Surgery, Room 5032, AIIMS, New Delhi 110029; Tel: 3239, (Int); Email: aiimsoniansoffice@gmail.com

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