



DocSaisha Scholarship Program

Application Form

(Fill in CAPITAL LETTERS)

photo

APPLICANT DETAILS

Name : _____

Age : _____ Date of Birth: _____ Gender : _____

Current Address : _____

City : _____

State : _____ Pincode: _____

Permanent Address : _____

City : _____

State : _____ Pincode: _____

Contact no : _____ Email: _____

FAMILY DETAILS

Name of family member	Relationship with applicant	Occupation	Yearly income	Contact no
1				
2				
3				
4				
5				

MEDICAL COLLEGE DETAILS

Name of college: _____

Address of college: _____

City : _____

State : _____ Pincode: _____

Admission office contact no: _____ Email: _____

Annual tuition / college fee (without hostel): _____

Tuition fees payable for completion of entire MBBS program: _____

Details of any other fund / scholarship / aid received (if any): _____

I confirm that the information provided is true to the best of my knowledge. No information has been concealed or fabricated. I understand that this application does not guarantee the sanction of the scholarship and the donor shall not be held responsible for non-selection.

Place: _____

Date: _____

Applicant Signature

Document check list :

1) Duly filled form

2) Income Proof of parents (as applicable)

Latest Income Certificate issued by competent authority OR

Salary slips (last 3 months) OR

ITR of parents (last 1 year) OR

Pension statement (if applicable)

3) Class 12 marksheet

4) NEET scorecard

5) Aadhaar card (student)

6) Aadhaar card of parent/guardian

7) college admission letter

8) Official fee breakup issued by the medical college

9) A short write-up (300–500 words) by the student explaining:

Financial circumstances

Motivation to pursue medicine

Long-term goals as a doctor