

जामिया मिल्लिया इस्लामिया

(संसदीय अधिनियमानुसार केन्द्रीय विश्वविद्यालय)

मौलाना मोहम्मद अली जौहर मार्ग, नई दिल्ली-110025

संकाय अध्यक्ष विद्यार्थी कल्याण कार्यालय

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JAMIA MILLIA ISLAMIA

Accredited by NAAC in 'A++' Grade

(A Central University by Act of Parliament)

Maulana Mohammad Ali Jauhar Marg, New Delhi-110025

Office of the Dean Students' Welfare

E-mail : dsw@jmi.ac.in

Website : http://www.jmi.ac.in



جامیہ
میلیہ
اسلامیہ

September 03, 2025

Greeting from Jamia Millia Islamia

Congratulations to the students of Centre for Physiotherapy and Rehabilitation Sciences, JMI, for securing the 1st, 2nd, 3rd and 4th ranks in the End Semester Examination of Academic Session 2023-24 (List attached).

The rank holders are advised to submit the copy of the following documents to the Scholarship Section of Dean, Students' Welfare Office latest by **03.10.2025** so that the payment of Merit/Central Scholarship may be made to you in time.

1. Photocopy of Student Identity Card of JMI
2. Photocopy of 1st page of Bank Passbook showing Account No. and IFSC code (Bank Account should be in your name)
3. Unique ID/Vendor ID is required for 1st and 2nd position holders to be created by the concerned department
4. Unique ID/Vendor ID is not required for 3rd and 4th position holders
5. Photocopy of Aadhar (in your name)
6. Final Year students are advised to refer Jamia Ordinance -31(Academic) Para 3.1 & 3.2 available at Jamia Website.

Treat it as most urgent.


(Prof. Neelofer Afzal)
Dean Students' Welfare

Enclosure(s): List of students who secured 1st, 2nd, 3rd and 4th positions.

Copy to: 1) The Director, Centre for Physiotherapy and Rehabilitation Sciences, JMI.

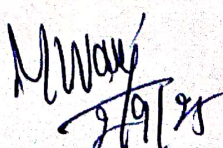
**OFFICE OF THE CONTROLLER OF EXAMINATION
JAMIA MILLIA ISLAMIA NEW DELHI-25**
LIST OF POSITION HOLDERS SEMESTER EXAMINATION-2023-24
(for Scholarship)

B.P.T. BACHELOR OF PHYSIOTHERAPY PART-I					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
23BPT008	HUDA BI	23-81729	818	PASSED	I
23BPT027	SAMIA WAIS	23-81748	811	PASSED	II
23BPT010	KHADEEJA NAQVI	23-81731	811	PASSED	II
23BPT004	ANAM ALI	23-81725	809	PASSED	III
23BPT020	MOHD KAIF RAZA	23-81741	807	PASSED	IV
B.P.T. BACHELOR OF PHYSIOTHERAPY PART-II					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
22BPT007	HIRA NOOR	22-08030	1030	PASSED	I
22BPT024	SHAREEN ALI	22-08047	997	PASSED	II
22BPT020	NISHA KHAN	22-08043	996	PASSED	III
22BPT009	KAAYNAAT SADAF	22-08032	976	PASSED	IV
B.P.T. BACHELOR OF PHYSIOTHERAPY PART-III					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
21BPT028	AMNA NAYYER	21-07849	882	PASSED	I
21BPT018	PRIYA KUMARI	21-07839	863	PASSED	II
21BPT014	LAKSHITA ARORA	21-07835	839	PASSED	III
21BPT029	ARIBA SABIR	21-07850	832	PASSED	IV
B.P.T. BACHELOR OF PHYSIOTHERAPY PART-IV					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
20BPT032	NEELAM GULZAR	20-08537	3520	FIRST DIVISION	I
20BPT035	NISHAT KHATOON	20-08557	3387	FIRST DIVISION	II
20BPT042	SHEEBA KHANAM	20-08526	3325	FIRST DIVISION	III
20BPT015	INJILA KHATOON	20-08564	3310	FIRST DIVISION	IV


Dealing Asstt.


Section Officer (Exams)




Asstt. Controller of Examinations

OFFICE OF THE DEAN STUDENT'S WELFARE
JAMIA MILLIA ISLAMIA NEW DELHI-110025

Student's Details for Merit / Central Scholarship
For the Year 2023-24

Particulars	Details
Name of the Students	
Students ID (Current Year)	
Aadhar No.	
Mobile No. (Aadhar linked)	
Gender (Male / Female)	
Name of Faculty/Department/Centre	
Name of Course and Sem./ Year 2023-24	
Position (1 st , 2 nd , 3 rd , & 4 th)	
Present Course/ Semester 2024-25	
Bank Details	
Name of Bank	
Account No.	
IFSC Code	
<u>Vender ID</u> (Required only 1 st & 2 nd Position Holder) To be generated by the Office of the Concerned Faculty/ Department / Center	

Enclosed: 1. Photocopy of the Current Year Students ID
2. Photocopy of the Bank Details (Student's Passbook)
3. Photocopy of the Aadhar

(Signature of the Student)

Only for 1st position and 2nd position holders

REQUISITION FORM FOR VENDOR REGISTRATION IN PFMS

VENDOR NAME: _____

PERSONAL

COMMERCIAL

DATE OF BIRTH: _____

FATHER/HUSBAND NAME: _____

MOBILE NUMBER: _____

PHONE NUMBER: _____

EMAIL ID: _____

ADDRES: _____

PIN CODE: _____

AADHAR NUMBER: _____

PAN CARD NUMBER: _____

GSTIN NUMBER: _____X_____

BANK NAME: _____

BANK BRANCH: _____

ACCOUNT NUMBER: _____

IFSC CODE: _____

(Signature of Vendor)

FOR OFFICE USE

VENDOR UNIQUE ID: _____