JAMIA TEACHERS' ASSOCIATION

جامعه ٹیچرس ایسوسئیشن

JAMIA MILLIA ISLAMIA

(A Central University by an Act of Parliament)





Notice

22-10-2016

Jamia Teachers' Association Scholarship

Applications on prescribed format are invited from the regular (full time) students of the Diploma/ UG / PG courses of the University for the Award of Jamia Teachers' Scholarship for an academic session 2016-2017. The scholarship shall be awarded by an Awarding Committee on merit-cumneed basis.

Application forms can be downloaded from Jamia website (www.jmi.ac.in) and can also be obtained from the office of Jamia Teachers' Association.

The complete application shall be submitted on or before 15-11-2016 (5:30 PM) at the office of the Jamia Teachers' (JTA), 1st floor, K.A. Hamied House (Near Central Canteen) on all working days between 10:00 AM – 5:00 PM.

Incomplete applications shall be summarily rejected.

Those who are availing/ getting any other scholarship/ fellowship are not eligible.

(S.M.Mahmood)

Secretary JTA

Copy to: 1. The Deans /HODs/Directors for display on notice boards.

2. The Hony. Director, FTK-CIT- for JMI website updation

615/10/16

APPLICATION FORM FOR Jamia Teachers' Scholarship Jamia Teachers' Association

Jamia Teachers' Association Jamia Millia Islamia, Central University Maulana Mohammad Jauhar Marg, New Delhi-110025

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f ₂	Name (In block letters	\$)						
3,	Father's Name (In block letters							
3	Enrolment No.							
4.	Class							
5.	Department							
6.	Faculty							*****
7.	Date of Birth							
В.	Nationality							
9.	Correspondence	e Address						
10.	Permanent Add	Tel.:						
S. N	lo. Examination Passed	on Board/U	niversity	Year	% of Marks	7/	Subjects	
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12.	Any other qualification (Please mention)	
	(i)	
	(li)	
	(lii)	
13.	Details of Award & Scholarship received earlier	

14.	Father/Guardian's occupation	
15.	Annual income of Father/Guardian	

16.	Number of family members	
96.5		
17.	Justify Your claim for the fellowship (not more than 3	300 words on separate sheet)
		a a
18.	Give reference of two teachers of your institution.	
1.	Name: 2	2. Name:
	Designation:	Designation:
	Department:	Department:
		©.
	I certify that the statements made in this application a	are true best of my knowledge.
Applica	ant's Signature:	8 2
Date:		
Place:		