

# जामिया मिल्लिया इस्लामिया

(संसदीय अधिनियमानुसार केन्द्रीय विश्वविद्यालय)  
(नैक प्रत्यायित 'A++ Grade'/एन.आई.आर.एफ. तीसरी रैंक)  
मौलाना मोहम्मद अली जौहर मार्ग, नई दिल्ली-110025  
Tel.: 011-26981717, 26988044, 26985175 Extn.: 1795, 1797 | E-mail: dgs@jmi.ac.in | Website: http://www.jmi.ac.in

# JAMIA MILLIA ISLAMIA

(A Central University by an Act of Parliament)  
(NAAC Accredited 'A++Grade'/NIRF 3<sup>rd</sup> Rank)  
Maulana Mohammed Ali Jauhar Marg, New Delhi-110025



खेल एवं क्रीड़ा विभाग

Games & Sports Department

شعبہ کھیل کود

F.No.55/G&S/JMI/2025

January 20, 2025

## CIRCULAR

This is in continuation to this office Circular dated 14.01.2025 regarding permission to the Ph.D. Scholars of JMI to avail the sports facilities (**excluding Gymnasium**) as per students timings at N.M.A.K.P. Sports Complex, JMI with a payment of an Annual Fee of **Rs.2,000/-**.

In this regard, it is to inform that the prescribed Fee of **Rs.2,000/-** is to be submitted to the Office of the Games & Sports Department, JMI. A copy of **Revised Application Form for Ph.D. Scholars** for the said purpose is enclosed herewith.

All the Deans/Heads/Directors are requested to kindly bring this information to the knowledge of the Ph.D. Scholars of your Faculty/ Department/Centre.

  
(Prof. Nafis Ahmad)

Hony. Director (Games & Sports)

### Copy to:

1. All Deans/HoDs/Directors of JMI
2. The Dean, Students' Welfare, JMI
3. The Chairperson, Sports Committee, JMI
4. All Presidents of Games Club of JMI
5. The Secretary to the Vice-Chancellor, JMI
6. The Assistant Registrar, Registrar Secretariat, JMI
7. The Asstt. Finance Officer (Payment)
8. The Asstt. Finance Officer (Student)
9. Concerned File



**GAMES & SPORTS DEPARTMENT**  
JAMIA MILLIA ISLAMIA, NEW DELHI-110025

Affix Recent  
Passport  
Size  
Photograph

**APPLICATION FORM**  
**for**  
**Ph.D. SCHOLARS**

Student ID: ..... Date of Admission: .....  
Name of the Ph.D. Scholar (in Block Letters): .....  
Father's Name: .....  
Date of Birth: ..... Gender: ..... Nationality: .....  
Name of the Supervisor: .....  
Name of the Department: .....  
Address for Correspondence: .....  
.....  
Contact No.: ..... Email ID: .....

**DECLARATION**

I hereby declare that the information given above is correct and I will abide by the rules & regulation of the N.M.A.K.P. Sports Complex notified from time to time.

Date: ..... (Signature of the Ph.D. Scholar)

**Note:** Please attach self-attested photocopy of the **Student ID Card & Admission Letter**.

Certified that Mr./Ms..... is a Ph.D. Scholar  
of the Department..... Session.....

**Signature of the Supervisor**

**Signature of the Head with office seal**

Date: .....

**FOR OFFICE USE ONLY**

Received an Annual Fee of **Rs.2,000/-** paid vide Cash Receipt No:.....

Dated: ..... Valid Form: ..... Upto: .....

(Dealing Assistant)

(Office Incharge)

(Director, Games & Sports)