

जामिया मिल्लिया इस्लामिया

(संसदीय अधिनियमानुसार केन्द्रीय विश्वविद्यालय)
मौलाना मोहम्मद अली जौहर मार्ग, नई दिल्ली - 110025

JAMIA MILLIA ISLAMIA

Accredited by NAAC In 'A++' Grade
(A Central University by an Act of Parliament)
Maulana Mohammad Ali Jauhar Marg, New Delhi-110025



संकाय, अध्यक्ष, विद्यार्थी कल्याण कार्यालय

Telefax: +91-11-26980164, 26981717
Extn. 1700, 1701, 1702

Office of the Dean, Student's Welfare

E-mail : dsw@jmi.ac.in,
Website : http://www.jmi.ac.in

March 05, 2024


Greeting from Jamia Millia Islamia

Congratulations to the students of Faculty of Dentistry, JMI, for securing the 1st, 2nd, 3rd and 4th ranks in the End Semester Examinations of Academic Session 2022-23 (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 **23/04/2024** 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 (The ID is not required for 3rd and 4th position holders)

Treat it as most urgent.


(Prof. Seemi Farhat Basir)
Dean, Students' Welfare


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

Copy to: The Dean, Faculty of Dentistry, JMI


**OFFICE OF THE CONTROLLER OF EXAMINATION
JAMIA MILLIA ISLAMIA NEW DELHI-25
LIST OF POSITION HOLDERS SEMESTER EXAMINATION-2022-23
(for Scholarship)**

BACHELOR OF DENTISTRY (BDS) PART-I					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
22BDS032	PRASHANT SHANDILYA	22-082691	450	PASSED	I
22BDS012	DEEBA KHAN	22-082671	437	PASSED	II
22BDS018	MARYAM MOHIUDDIN	22-082677	437	PASSED	III
22BDS043	ZAIRA HUSSAIN	22-082702	422	PASSED	III
22BDS038	SUBIA KHATOON	22-082697	422	PASSED	IV
22BDS005	ANJALI MISHRA	22-082664	418	PASSED	
BACHELOR OF DENTISTRY (BDS) PART-II					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
21BDS011	FONA RAO	21-10446	687	PASSED	I
21BDS038	SHAGAF AFREEN	21-10473	591	PASSED	II
21BDS043	TABINDA HAQUE	21-10478	577	PASSED	III
21BDS028	POOJA YADAV	21-10463	574	PASSED	IV
BACHELOR OF DENTISTRY (BDS) PART-III					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
20BDS012	DEEPAI	20-08013	446	PASSED	I
20BDS033	SARA FATIMA	20-08010	421	PASSED	II
20BDS047	ANUSHKA PAWAR	20-10447	421	PASSED	II
20BDS042	TARUN SHARMA	20-08009	418	PASSED	III
20BDS039	SNEHAL SHARMA	20-08023	414	PASSED	IV
20BDS031	SADIA NAZ	20-08002	414	PASSED	IV
BACHELOR OF DENTISTRY (BDS) PART-IV					
RNO	NAME	ERNO	GTOT	RESULT	POSITION
19BDS030	PRIYANSHU KUMAR SHRIVASTAVA	19-10868	2848	FIRST DIVISION WITH DISTINCTION	I
19BDS043	SIMRAN UPPAL	19-10881	2664	FIRST DIVISION	II
19BDS048	VAIDEHI SINGH	19-10885	2664	FIRST DIVISION	II
19BDS005	ANJALI AGARWAL	19-10846	2615	FIRST DIVISION	III
19BDS004	ANIKA SHAKEEL	19-10845	2600	FIRST DIVISION	IV


Dealing Asstt.


Section Officer




Asstt. Controller / Dy. Controller (Exams)

Student Details for Central / Merit Scholarship

Name of Faculty	
Name of the Student	
Student ID (Current year)	
Mobil No.	
Gender	
Name of Position Course and Sem./ Year -2021-22	
Position (1 st , 2 nd , 3 rd & 4 th)	
Present Course/ Semester. 2022-23	
<u>Bank Details</u>	
Name of Bank:	
Account No.:	
IFSC Code:	
<u>Vender ID</u> (Required only 1 st & 2 nd Position Holder) Prepaid by the Concerned Department	

- Enclose: 1. Photocopy of Current year Student ID
2. Photocopy of Bank details (Student's Passbook)

(Signature of the Students)

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: _____

