

#### Amar Jyoti Institute of Physiotherapy

(University of Delhi)

# Dr. Kamla Gidwani and Dr. G.H. Gidwani Scholarship Award for Academic Excellence Academic Year\_\_\_\_\_ Eligibity: Students of MPT 3<sup>rd</sup> Semester (Both specialities), Last date of submission is 24<sup>th</sup> May 2025. Eligible candidates are requested to send the filled Application form and attach the scanned copy of relevant Documents to amarjyotikamla@gmail.com with subject name as Dr. Kamla and Dr. G.H. Gidwani Award for Academic Excellence-2024. Hard Copy of the same should be submitted at AJIPT Administrative Office. **Section A: Student Information** 1. Full Name of the Student:(As per University records) 2. Enrolment Number: 3. MPT Specialization: ☐ Musculoskeletal ☐ Neurology Batch no. - \_\_\_\_\_ 4. Academic Year: 5. Contact Details: o Mobile Number: \_\_\_\_\_ Email ID: \_\_\_\_\_



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	n B: Academic Details University/Institute Name:					
	Name of Affiliated University (if applicable):					
	Marks Obtained:					
	o Semester I Marks:/			%		
	0	Semester II Marks:  Total Marks (1st Year):	/	%		
<b>Sectior</b> 9.	Docum 1. Self 2. ID p	ification & Attachments nents to Attach (Mandate -Attested copies of Seme broof (Student ID Card) har card	• •	rksheets		
Sectior	n D: Dec	claration				
	hereby declare that the information provided above is true and correct best of my knowledge. I understand that false information will disqualify me from the award ion.					
Signatı	ure of th	ne Student:				



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#### Section E: Office Use Only

•	Name and Signature of person Verified by		
	(Admin Office):		
	Name		
	Sign		
	Date of Verification:		
•	Name and Signature of person Verified by		
	(Faculty Incharge 1):		
	Name		
	Sign		
	Date of Verification:		
•	Name and Signature of person Verified by		
	(Faculty Incharge 2):		
	Name		
	Sign		
	Date of Verification:		