MA'DIN COLLEGE OF ISLAMIC SHAREA'H

(Run by: Ma'dinu Ssaquafathil Islamiyya)

SWALATH NAGAR, MELMURI POST, MALAPPURAM - 676514, PHONE: 0483 2732336, 3202561 FAX: 0483 - 2732836
e-mail: mahdin@rediffmail.com, Visit us:mahdinonline.org

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

ADMISSION NO. | | | | | | **DATE OF ADMISSION** D D M M Y Y Y Y

BATCH ADMITTED

INSTRUCTIONS

- FURNISH FULL AND CORRECT INFORMATIONS
- USE ONLY BLACK OR BLUE INK TO FILL THE APPLICATION
- KEEP A COLUMN BLANK BETWEEN TWO WORDS
- WRITE NIL /NOT APPLICABLE WHEREVER NECESSARY
- READ THE PROSPECTUS CAREFULLY BEFORE FILLING THE APPLICATION
- USE CAPITAL LETTERS ONLY
- FILL ALL THE COLUMNS LEGIBLY AND CAREFULLY
- DONT LEAVE ANY COLUMN BLANK
- PUT A ' ✓ ' MARK IN APPROPRIATE COLUMNS
- DONT USE XEROX COPY OF THIS FORM

PASTE HERE THE 3 X 3.5 CM SIZE PHOTO (DON'T STAPPLE)

A: PERSONAL DETAILS

1. NAME OF THE STUDENT (AS IN THE SCHOOL CERTIFICATE, INITIALS AFTER NAME)

2. AGE | | yrs 3. DATE OF BIRTH D D M M Y Y Y Y 4. NATIONALITY

5. DATE OF BIRTH IN WORDS

6. NUMBER AND DATE OF PROOF PRODUCED FOR DATE OF BIRTH

7. IDENTIFICATION MARKS

1.

2.

C: CATEGORY

8. CATEGORY

a) General | | b) Orphan | | c) Disabled | | Specify

B: CONTACT DETAILS

9. PERMANENT ADDRESS

a) HOUSE NAME

b) PLACE

c) POST d) PIN

e) DISTRICT f) STATE

10. PHONE

	CODE	NUMBER	MOBILE
a) RESIDENCE			0
b) OFFICE			0
c) SHOP			0

11. COMMUNICATION ADDRESS (IF DIFFERENT)

a) HOUSE NAME

b) PLACE

c) POST

d) PIN

e) DISTRICT

f) STATE

12. PHONE

	CODE	NUMBER	MOBILE
a) RESIDENCE			0
b) OFFICE			0
c) SHOP			0

D: DETAILS OF PARENT/GUARDIAN

13. NAME OF FATHER (AS IN THE SCHOOL CERTIFICATE, INITIALS AFTER NAME)

14. EDUCATIONAL QUALIFICATION

15. PROFESSION / OCCUPATION

16. ANNUAL INCOME

17. CONTACT ADDRESS IF ABROAD / OFFICIAL ADDRESS IF EMPLOYED

a) OFFICE NAME / FLAT NAME

b) PLACE / STREET

C) POST / POST BOX

d) PIN

e) CITY / DISTRICT

f) STATE / COUNTRY

18. PHONE

	CODE	NUMBER	MOBILE
a) RESIDENCE			
b) OFFICE			
c) SHOP			

19. NAME OF GUARDIAN

20. EDUCATIONAL QUALIFICATION

21. ANNUAL INCOME

22. PROFESSION / OCCUPATION

23. RELATION

24. NAME OF THE LOCAL GUARDIAN

a) HOUSE NAME

b) PLACE

c) PIN

d) POST

e) RELATION

25. PHONE

	CODE	NUMBER	MOBILE
a) RESIDENCE			0
b) OFFICE			0
c) SHOP			0

E: DETAILS OF INSTITUTION LAST ATTENDED

26. SCHOOL

a) NAME OFTHE SCHOOL

b) PLACE

c) CLASS ATTENDED LAST | d) YEAR OF STUDY -- | e) NO. & DATE OF TC

27. MADRASSA/ DARS

28. NAME OFTHE MADRSSA/ DARS

29. PLACE

30. CLASS ATTENDED LAST | 31. YEAR OF STUDY -- | 32. NO. & DATE OF TC

33. NAME OF USTAD IF IN DARS

F : PHYSICAL, FAMILY DETAILS & OTHER DETAILS

34. HEIGHT | 35. WEIGHT | 36.BLOOD GROUP | 37. ANY CHRONIC DISEASE

38. TOTAL NUMBER OF
a) MEMBERS | b) BROTHERS | c) SISTERS

39. SPECIFY FAMILY TYPE (NUCLEAR/EXTENDED)

40. BIRTH WISE POSITION OF CHILD

41. ARE YOU A MEMBER IF ANY ORGANIZATION? YES | NO

IF YES a) NAME OF THE ORGANIZATION

b) POSITION HELD

c) NEAREST BUSPOINT WITH ROUTE TO REACH HOME

G : DETAILS OF RELATIVES STUDYING IN THIS INSTITUTION

42

Std.	Div.	Name	Relation	Ad. No.	Address Same/Different

I : DECLARATION

I here by declare that, I will attend all the classes as per the time table of Shareath College and during leisure time I will refer the 'kithatb', I also undertake that I will go home only on holidays and never go home without the permission of the ustad concerned. I also affirm and undertake that I will abide by all the rules and regulations of the Ma'din Management now in force to be issued form time to time.

I will never act against the principles of Ahlu Ssunnathu Valjamah and will not participate in any programmes which is against the ideals and ideologies of the Ahlu Ssunnathu Val Jamah.

Place: S W A L A T H N A G A R

Date: D D M M Y Y Y Y

Signature of the Student

Signature of the Parent / Guardian

J : RECOMMENDATION

Certified that Mr. ..... S/o

..... is a true follower of Ahlu Ssunnathi Val Jamah

and is an active worker of the SYS / SSF unit committee of .....

He is known to me for the last ..... years. His character and conduct are good to the best of my knowledge and belief.

I therefore recommend him for admission to Ma'din College of Islamic Shareea'h.

Name Signature of the President / Secretary

Place: S W A L A T H N A G A R

Date: D D M M Y Y Y Y

K : ORDER OF THE PRINCIPAL

Mr. .....S/o

..... is admitted to

..... standard with ..... admission number.

Place: S W A L A T H N A G A R

Date: D D M M Y Y Y Y

Signature of the Principal

L : FOR CLERICAL USE

ADMISSION NO. | | | | | | |

DATE OF ADMISSION D D M M Y Y Y Y

DETAILS OF LEAVING

NUMBER AND DATE OF TC ISSUED

DATE OF LEAVING D D M M Y Y Y Y

REASON FOR LEAVING

NAME OF THE SCHOOL IN WHICH THE PUPIL INTENDS TO PROCEED

Signature of the Principal

Signature of the Clerk