



AL FURQAN WOMEN'S ISLAMIC COLLEGE

Al Furqan Centre, Post Mithabail, Puthige, Moodbidri – 574226

Mangalore, D.K. Phone: 9141396667, 8970806662

Email: school.furqan@gmail.com Website: www.alfurqanschool.net

Affix recent
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First Year Aalima Course Application Form 2015-16

For office use only

Application No:

Admission No:

Section:

Note: Please fill in the application form in **Block Letters** only.

Medium of Instruction: Arabic

PERSONAL INFORMATION

Name of the Applicant (As entered in 10 th std. marks card in block letters)																
Nationality:	Religion:																
Date of Birth: <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y	Y	Y	Place of Birth: State: Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Mother Tongue: Blood Group:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
D	D	M	M	Y	Y	Y	Y										
Father's Name:	Occupation:																
Landline:	Mobile:	Email:															
Mother's Name:	Occupation:																
Landline:	Mobile:	Email:															
Total Annual Income:	Income Certificate Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Guardian's Name:	Occupation:																
Landline:	Mobile:	Email:															
POSTAL ADDRESS (Permanent Address)	LOCAL ADDRESS (Communication)																

FOREIGN NATIONALS/NRI TO FILL IN THE FOLLOWING DETAILS

PASSPORT NO

DATE OF ISSUE

PLACE OF ISSUE

VALID UPTO

VISA ISSUED

VISA STATUS CODE

COUNTRY

VALID UPTO

ACADEMIC INFORMATION

Name and Address of the Institution last attended:

Examination last answered:

10th ☐12th / PUC / PDC ☐

If others, specify :.....

Percentage of Marks / CGPA in Tenth Standard

(Enclose an attested copy of marks card)

Month & Year of Passing:

Languages Studied: Language I

Language II

FOR OFFICE USE ONLY

Admission to:

Date:

Signature of the Principal

REMARKS:

Total Fee:

Fee Paid:

Receipt No:

Date:

Dues:

Original Documents required for the approval

Original Marks Sheet:

Transfer Certificate:

Others: