Darunnazat Siddikia Kamil Madrasah

Sarulia, Demra, Dhaka-1361, Phone: 01712 891493, 7500171 darunnazat1990@gmail.com, www.dskm.ac.bd



Recently taken color passport size photos 3 Copies

Kamil Admission Form

(Information below must be filled in Bangla)

01. Student's Name (বাংলায়)*	•						
02. Father's Name (বাংলায়)*	:						
03. Mother's Name (বাংলায়)*	:						
04. Permanent Address (বাংলায়):						
Village:	Post Office:		Post Code:				
Police Station:	Distri	ct:					
(All information below mu	ust be filled in English accordin	g to the registrat	tion card/certificate)				
01. Student's Name*	:						
02. Mobile No.*	:						
03. Class*	: Kamil						
04. Group*	: ☐ Hadith ☐ Tafsir	☐ Fiqh	☐ Adab				
05. Category*	: □ Resident □ Non Resid	dent					
06. Date of Birth*:							
09. NID/ Birth Reg. No:	10. Session*:						
11. Father's Name*	:						
12. Mobile:	13. Profession:	14. Mon	thly Income:				
15. NID/Passport No:	16. Email ID:						
17. Facebook ID:							
18. Mother's Name*	:						
19. Mobile:	20. Profession:	21. Mon	thly Income:				
22. NID/Passport No:	23. Email ID:						
24. Facebook ID:							

সংযুক্তি: (১) ফাযিল পাশের প্রশংসাপত্রের মূলকপি (২) ফাযিল পাশের নম্বরপত্র (কম্বাইন গ্রেডশীট) (৩) জেডিসি, দাখিল, আলিম পরীক্ষার একাডেমিক ট্রাঙ্গিক্রিপ্টের ফটোকপি (৪) শিক্ষাথীর সদ্যতোলা পাসপোর্ট সাইজের ৩ কপি রঙিন ছবি (৫) শিক্ষার্থীর, পিতা ও মাতার জন্ম নিবন্ধন সনদ/জাতীয় পরিচয়পত্রের ফটোকপি।

25. Present A	Address:							
Village:		Post Office:			Post Code:			
Police St	ation:	District:						
26. Permane	nt Address:							
Village:	Post Office:			Post Code:				
Police St	ation:	District:						
27. Name ar	nd address of guardian by	y Law (if father is	not alive):					
Name:								
Village:		Post Office:				Post Code:		
Police St	ation:	District:						
Profession	on: F							
28. Name of	the Local Guardian (Name o	of the Committee/Te	eacher/Stude	nt known in this	s institutio	on)		
Name:		Mo	bile:					
□Catego	ory/□Designation/□Class 8	& Student ID:						
29. Name of	the institution where he ha	s studied before:						
Village:		Post Office:				Post Code:		
Police St	ation:	District:						
30. Board Ex	am Information:							
Exam's Name	Institute Name	Group	Roll No	Reg. No	GPA	Passing Year		
EBT/PSC								
JDC/JSC								
Dakhil/SSC								
Alim/HSC								
Fazil/BA								
Kamil								