# MADEENATHUNNASWEEHA

## COLLEGE OF ISLAMIC SCIENCE

Run by: Nasweeha Centre for Knowledge and Quest
Wadee Nasweeha, Pallikkal, P.O Edavaka, 670645, Wayanad, Kerala, India
almadeenawyd@gmail.com

Affix the Recent Passport Size photo

## APPLICATION FORM

(Use capital letters only)

| | | | |
|---|---|---|---|
| 1. Name of the Applicant | | | |
| 2. Date of Birth | | 3. Place of Birth | |
| 4. Blood Group | | 5. Height | 6. weight |

**7. Address for communication with Contact No.**

| | | | |
|---|---|---|---|
| PIN | | Mob | |
| 8. Adhar No | | | |
| 9. Email id | | | |
| 10. Facebook id | | | |
| 11. WhatsApp No | | | |
| 12. Mahallu | | 13. Panchayath | |
| 14. Village | | 15. Taluk | |
| 16. District | | 17. State | |
| 18. Name of Father | | | |
| 19. Name of Mother | | | |
| 20. Name of Guardian | | | |
| 21. Occupation of Guardian | | | |

**22. Guardian's Address with Contact No.**

| | | | |
|---|---|---|---|
| PIN | | Mob | |
| 23. Email id | | | |

**24. Previous study**

| | | | |
|---|---|---|---|
| a. Name of the school last attended | | | |
| b. Medium of study | | c. Year of SSLC Pass | |
| d. In which chance | | e. Registration No | |
| f. Number of 'A+' grades in SSLC | | g. No of 'D+' in SSLC | |

| h. Whether attached the copy of mark list | | i. Ist language Paper I | |
|---|---|---|---|

## 25. Marks scored in madrassa public examination

| PUBLIC EXAMINATION | EXAMINATION BOARD | | |
|---|---|---|---|
| Vth | | | |
| VIIth | | | |
| Xth | | | |

## 26. Family information

| Sl No | Name of brothers/sisters | Age | Educational Qualification | Marital Status |
|---|---|---|---|---|
| | | | | |
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## 27. Achievements and Awards

| Name of the Award | Authority | Year & Month | Reason | Remarks |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Languages Known

Your Strengths

DECLARATION

I hereby declare that all information furnished above is true and correct to the best of my knowledge and belief and that I'll abide by the rules of the College and the Hostel.

Place: Name and Signature of applicant

Date:

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I do hereby guarantee the good conduct of my ward and payment of all his dues during the courses of study.

Place: Name and Signature of Guardian

Date:

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For office use only

1. Certificates verified: a. SSLC certificate No: b. TC No:

2. Admitted to: 3. Date of admission: 4. Admission No:

5. Remarks

Office seal Signature of Principal