



MARKAZ AL IHSAAN
INSTITUTE OF ISLAMIC THEOLOGY

REGISTRATION FORM

STUDENT DETAILS		ID / DP / Passport #:		Marital Status:	
Surname:		First Name:		Middle Name/ Initials:	
Residential Address:			Date of Birth:		Gender:
			DD/MM/YYYY		M / F
Email:			Home Phone No:		Mobile Phone No.
WORK DETAILS					
Job Position:			Company:		
Company Address:			Work Phone No:		
JAMAAT DETAILS (This section is optional)					
To which mosque do you belong?			Name of Imam (if available)		
In which mosque do you read Jummah?			Name of Imam (if available)		
EDUCATION DETAILS					
Academic Qualifications: (Please list by Level / Degree; Institution and Year Graduated)					
At which campus are you interested in attending classes?			Other Interests		
<input type="checkbox"/> Hermitage Village <input type="checkbox"/> Cumuto / Sangre Grande <input type="checkbox"/> Anna Catherina (Guyana) <input type="checkbox"/> Online only <input type="checkbox"/> Other			<input type="checkbox"/> Sports: Outdoor/ Xtreme <input type="checkbox"/> Indoor/ Board Games <input type="checkbox"/> Meeting People/ Dawah <input type="checkbox"/> Debating/ Creative Writing <input type="checkbox"/> Graphic Arts/ Music <input type="checkbox"/> Research/ Knowledge <input type="checkbox"/> Other		

I certify that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____