



The M.A.I. Institute

Live the best life ... for both worlds

ALUMNI REGISTRATION FORM

MY PERSONAL DETAILS

Surname:	First Name:	Middle Name/ Initials:
Residential Address:	Date of Birth: DD/MM/YYYY	Gender: M / F
Email:	Home Phone No:	Mobile Phone No.
Student ID (as applicable):		
In what year did you graduate from the MAI Institute? _____	Highest level attained at the MAI Institute: _____	

MY WORK DETAILS

Job Position:	Company:
Company Address:	Work Phone No & Email (Optional)

MY JAMAAT DETAILS

To which mosque do you belong?	Name of Imam (if available)
In which mosque do you read Jummah?	Name of Imam (if available)

MY EDUCATION ATTAINMENT

Highest Academic Qualifications:			
Level	Discipline	Institution	Year Graduated

I AM WILLING TO PARTICIPATE IN

<input type="checkbox"/> Sports: Outdoor/ Xtreme	<input type="checkbox"/> Graphic Arts/ Music
<input type="checkbox"/> Indoor/ Board Games	<input type="checkbox"/> Research/ Knowledge
<input type="checkbox"/> Meeting People/ Dawah	<input type="checkbox"/> Teaching
<input type="checkbox"/> Debating/ Creative Writing	<input type="checkbox"/> Participating in Events
Are you interested in taking active part in MAI Institute's Alumni? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you like to be contacted by MAI Institute about upcoming events, programmes etc. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Any other Comments?	

Signature: _____

Date: _____