



**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.
<b>Student ID (as applicable):</b>		
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? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Would you like to be contacted by MAI Institute about upcoming events, programmes etc. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will you be attending the MAI Institute's Alumni event on 1 <sup>st</sup> February, 2020 at 2:00 p.m.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Any other Comments?	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_