



The M.A.I. Institute

Live the best life ... for both worlds

STUDENT REGISTRATION FORM

REGISTER FOR PROGRAM

<input type="checkbox"/> September Monday Class	<input type="checkbox"/> Islamic Youth Camp
<input type="checkbox"/> September Saturday Class	<input type="checkbox"/> Maktab Sunday Class
ID / DP / Passport #:	Marital Status:

STUDENT 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.

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"/> 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: _____