



# DARUL ULOOM IMAAM AHMED RAZA

UNDER THE AUSPICES OF

**IMAAM AHMED RAZA EDUCATIONAL INSTITUTE**

REG NO: 2010/022916/08

622 ELI STREET, ERASMIA, PRETORIA

TEL: 078 597 3786

E-mail: [admin@imaamahmedraza.org](mailto:admin@imaamahmedraza.org)

Website: [www.imaamahmedraza.org](http://www.imaamahmedraza.org)

## ADMISSION APPLICATION FORM

Applicant Name:

Application Date:

**A. APPLICANT DETAILS:**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Age: \_\_\_\_\_ Identity Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Last Grade Passed: \_\_\_\_\_ Year of Last Grade \_\_\_\_\_

**B. PARENT / GUARDIAN DETAILS**

Information	Father	Mother
Surname		
First Names		
Tel Home		
Tel Work		
Mobile Number		
E-mail		
ID Number		
Employer		
Occupation		

**C. NEXT OF KIN DETAILS**

In the event of any emergency the following persons other than the Parent / Guardian can be contacted:

	<b>Contact Person 1</b>	<b>Contact Person 2</b>
Name		
Home Tel		
Work Tel		
Mobile No		
Address		

**D. SIBLING INFORMATION**

Indicate the names and grades of any siblings attending Imaam Ahmed Raza Educational Institute currently:

<b>Name</b>	<b>Course / Grade</b>

**E. HEALTH CONDITION**

Please provide details of any medical conditions, illnesses, allergies, physical or psychological conditions relating to the applicant:

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**F. COURSE BEING APPLIED FOR**

DARSE NIZAMI  FULL-TIME HIFZ  PART-TIME HIFZ  IMAMAT

**G. BOARDING & LODGING**

BOARDING REQUIRED  BOARDING NOT REQUIRED

If required, are there any special dietary requirements or food allergies that the institute needs to be aware of?

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**H. INCOME**

Person responsible for payment of fees: \_\_\_\_\_

Contact number: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_

**I. DOCUMENTATION**

Kindly attach copies of the following documentation to this application:

Applicant's birth certificate	
Both parents' ID documents	
Proof of residence	
Proof of income	
Medical report confirming the health of the applicant	

**J. INDEMNITY AND UNDERTAKING**

I, \_\_\_\_\_ the undersigned, hereby confirm that I am the legal Parent / Guardian of the Applicant indicated in Section "A" and I further confirm that:

- a) The information submitted on this application is true and correct
- b) I have not withheld any information requested on this application
- c) I am liable for all fees due to Darul Uloom Imaam Ahmed Raza and that such fees are payable in advance at the beginning of each month
- d) The Applicant and I will abide by the Policies, Rules and Regulations of the Institute

- e) I am aware that this application does not guarantee the Applicant a seat and that all applications are subject to the review committee's approval

I, the undersigned parent / guardian of the Applicant indemnify, hold harmless and absolve Imaam Ahmed Raza Educational Institute, the Board of Directors, Trustees, Management Council, the Principal, Educators, Staff, agents and any persons involved in the operations and the affairs of the Institute against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child / ward aforesaid, howsoever caused, from the time of enrollment and shall remain in force and be in effect for the duration of the Applicant's enrolment at the Institute.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:**

	<b>APPROVED</b>	<b>DECLINED</b>	<b>DATE</b>
<b>DECISION</b>			

	<b>OFFICIAL NAME</b>	<b>OFFICIAL SIGNATURE</b>
<b>1</b>		
<b>2</b>		