



NUSRATH COLLEGE OF DAWA

JAMIA NUSRATHUL ISLAM
K K PURAM, RANDATHANI (PO), MALAPPURAM
KERALA, INDIA, PIN: 676 510 PH: 0494 2 612 250
Website: www.jamianusrath.com, E-mail: jamianusrath@gmail.com

| APPLICATION No. | NET Rank |
|-----------------|----------|
| | |

APPLICATION FOR ADMISSION

- Minimum qualification for admission is pass in SSLC.
- Write in ENGLISH and CAPITALS.
- Use only BLUE/BLACK ball point pen.
- Attach a copy of SSLC Mark list.

Photo

Name of the Applicant

In Malayalam

Date of Birth

Age

Blood Group

Name of Father

Mobile No

Occupation

Annual Income

Name of Mother

Name of Guardian

Relation

Mobile No

Permanent Address

Correspondence Address

Pin

E-mail ID

Mobile No

Mahallu

Panchayath

Taluk

District

Details of Educational Qualifications

Religious

Details of marks awarded in Madrasa public examination last attended

| Class | Name and Place of Madrasa | Total marks | Percentage | Month & Year of passing |
|-------|---------------------------|-------------|------------|-------------------------|
| | | | | |

General

Name and Place of institution last attended

Year of passing SSLC

Reg.No

No. of chances

Achievements

| | Details | Year |
|----------|---------|------|
| Academic | | |
| Arts | | |
| Sports | | |
| Others | | |

Family Informations

| Sl No. | Brother/ Sister | Age | Education Qualifications | Marital status |
|--------|-----------------|-----|--------------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Leadership Experiences

| Sl.No | Name of Organization/ Institution | Designation |
|-------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Details of two responsible personalities in your locality

Name 1

Mobile No

Name 2

Mobile No

Name of president/ secretary of **SSF/ SYS** unit committee

Mobile No

Why did you choose NUSRATH DA'WA for your higher study ?

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Declaration

I hereby declare that all informations furnished above are true and correct to the best of my knowledge and belief, and I will follow all the rules, regulations and procedures of this institution.

Name & Signature of Applicant

I hereby guarantee the good conduct of my ward and will co operate with this venture.

Date:

Place:

Name & Signature of Father/ Guardian

For office use only

Certificate verified:

Admission No:

Admitted or not:

Date of admission:

Remarks

Signature of Principal