



MISBAH ZEE QUE

The Quranic Pre-School

Misbah Center, Opp. Karnataka Bank, Katipalla, Mangalore – 575030
Ph : 0824-2270786 / 9886183274

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App. No :

Ad. No :

Unit. No :

APPLICATION FOR ADMISSION (FILL WITH BLOCK LETTERS)

| | |
|-------------------------------|---|
| Name with initial (English) | <input type="text"/> |
| Expansion of initial | <input type="text"/> |
| Name in Kannada | <input type="text"/> |
| Name in Arabic | <input type="text"/> |
| Age on 01-06-2020 | Age <input type="text"/> Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| In words | <input type="text"/> |
| Gender | Boy <input type="checkbox"/> Girl <input type="checkbox"/> |
| Weight | <input type="text"/> Kg Height <input type="text"/> Cm |
| Aadhar No | <input type="text"/> |
| Blood Group | <input type="text"/> State <input type="text"/> |
| Nationality | <input type="text"/> Mother Tongue <input type="text"/> |
| Name of Father & | <input type="text"/> |
| Occupation | <input type="text"/> Qualification <input type="text"/> |
| Name of Mother & | <input type="text"/> |
| Occupation | <input type="text"/> Qualification <input type="text"/> |
| Name of Parent/Guardian | <input type="text"/> |
| Relationship with the student | <input type="text"/> |

Stamp
Size
Photo

Address of parent / Guardian

Address for communication

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| | | | |
|--------------------------------------|-------------------------------|-------------------------|--------------------------|
| Phone Number | Std Code <input type="text"/> | No <input type="text"/> | Mob <input type="text"/> |
| Phone Number (for urgent contact) | Std Code <input type="text"/> | No <input type="text"/> | Mob <input type="text"/> |
| E-mail | <input type="text"/> | | |

Identification Marks

| | |
|---|----------------------|
| 1 | <input type="text"/> |
| 2 | <input type="text"/> |

Is there any physical defect in : Vision Hearing Speech Other

Name of the sibling
(Brother/ Sister)
studying in this unit
(with class)

| | | | | | |
|---|----------------------|-------|----------------------|-----|----------------------|
| 1 | <input type="text"/> | Class | <input type="text"/> | Div | <input type="text"/> |
| 2 | <input type="text"/> | Class | <input type="text"/> | Div | <input type="text"/> |

