AL-IHSAN EDUCATION CENTRE

MANAGED BY DAKSHINA KARNATAKA SUNNI CENTRE UNDER MARKAZ THA ALEEMIL-IHSAN



Ihsan Nagar, Muloor, Uchila Post, Udupi Dist. - 574117 Contact : 9108441034, 9741503662, 9845413529

Academic Y	Student				
Section: Boarding: Yathee	m Khana: De	stitute: Hifl: Dawa:	Photo		
Student Documents Given: Adhaar Card Income & Caste Certificate Birth Certificate Marks Card Original Last Class Photo 4 Bank Pass Book	Yes No	Parents Documents Given: Adhaar Card (Father & Mother) ID Card (Father & Mother) Ration Card	Yes No		
APP. NO			Y Y		
Place of Birth: Birth Certificate No: Age: Current address: Pin Code :					
Permanent Address:		Pin Code :			
Email Id :					
Father's Name :	Fathe	r's Mobile No :			
Mother's Name :					
Whatsapp No:	<u> </u>	Neighbour's No.:			

Additional Details:						
Religion:	Caste :	Categ	gory:			
Mother Tongue	Staying wi	th	Nationality			
Father's Adhar Card Number	:					
Mother's Adhar Card Number	r:					
Student Adhar Card Number	:					
Father Occupation : Mother Occupation :						
Ration Card Number:						
Languages Known:						
Hobbies:						
School Last Studies:-						
Last School Name :						
Last School Address:						
Last School Class:						
Academic Year :			se No:			
Admission No :		Student ID	No. :			
Reg. No. :		School Co	ntact No.:			
		Email ID :				
Marks Scored :	Percentage:					
TC Number:	TC Issue Date:					
Medium:	_ Education Board:_					
Present School Details:		Madarasa Deta	ils:			
Class		Last Madarasa Cla	ass			
Medium		Present Madarasa Class				
		Hanafi :	Shafi :			
Health Details						
Blood Group:	Height:	Weight:				
Vaccination:						
Father /Mother Details						
Name:						
Occupation :			Father's			
Relationship:			1 Hoto			
Mobile:						

Parents /Guardian's			
Father's Name:			
Mother's Name:			
Guardian's Name:			
Address:			
House Name			_No
Village	Post	Taluk	District
State :	Pin		
Relationship with Stude	ent		
No. of Brothers:	No. of Sister	S	
			Date :
	·	·	
Name & Signature of P	Parents		
C			Place :
	Only For	Yatheem Students	s
Student's Name:			
Father's Name:			
Expiry Date of Father:			
Mother's Name:			
Guardian's Name:			
Guardian's Address:			
Above said student is a	n orphan and as a guar	dian I am responsible	for his matters.
			Name & Signature of Guardian
Father's Death Certifica	te : No	Date:	
Letter Of Proof	:	Date:	
Parents Id Copy	: Proof Id/Adhaa	r No	

Only for Destitute Students Student's Name: ____Occupation :_____ Father's Name: Mother's Name: Occupation: **Annual Income:** Brothers: Parents/Guardian's Name: Above said student is financially backward and I confirm that his entire responsibility is mine. Parent's/Guardians Signature Jamaath Letter Copy : Income Certificate Copy: BPL Card Copy : For Office Use Only Admission Result :_____ Registration Number:_____ Registration Date Registration Section: Seal of the Institution Signature of Manager **About Student**