



# DARUL ULOOM NU'MANIYYAH

8 Tit Street Kharwastan, Chatsworth Durban, South Africa

Email: admin@darulloomnumaniyyah.net

Tel: (+27) 31 - 403 2000 Fax: (+27) 31 - 403 5069

HEAD OFFICE		
PHYSICAL ADDRESS	POSTAL ADDRESS	CONTACT DETAILS
4/ 6 / 8 Tit Street Kharwastan Chatsworth 4092 Durban South Africa	P.O Box 3 Bayview Chatsworth Durban 4084	TEL: (031) 4032000 FAX: (031) 4035069 EMAIL: arkhan@darulloomnumaniyyah.org

## APPLICATION FOR ADMISSION

NAME OF APPLICANT: \_\_\_\_\_

YEAR: \_\_\_\_\_ (A.H) \_\_\_\_\_

COURSE ENROLLING FOR: \_\_\_\_\_

CHECK LIST			
1.Learner's Birth Certificate / ID		6.Transfer Card	
2.Mother's ID		7.Last Madrasah Report	
3.Father's ID		8.Passport	
4.Guardian's ID		9.Valid Visa	
5.Previous Year's Report		10.Letter of Reference	

**Applicant's Particulars**

- |   |                                     |
|---|-------------------------------------|
| 1) First Name (s) : _____               | 2) Surname : _____                  |
| 3) Father's Name : _____                | 4) Mother's Name : _____            |
| 5) Date of Birth : _____                | 6) Age : _____                      |
| 7) ID / Passport number : _____         | 8) Nationality : _____              |
| 9) Residential address : _____<br>_____ | 10) Postal address : _____<br>_____ |
| 11) Tel : ( home ) _____                | 12) Tel : ( work ) _____            |
| 13) Cell : _____                        | 14) E-mail : _____                  |

**Parent's/ Guardian's Particulars**

- |                                   |                         |
|-----------------------------------|-------------------------|
| 1. First Name ( s ): _____        | 2. Surname : _____      |
| 3. Relationship to student: _____ | 4. Religion : _____     |
| 5. Occupation : _____             | 6. Tel : ( home ) _____ |
| 7. Tel : ( work) _____            | 8. Cell : _____         |
| 9. E-mail : _____                 |                         |

**Emergency Contact Details**

- |                                   |                         |
|-----------------------------------|-------------------------|
| 1. First Name ( s ): _____        | 2. Surname : _____      |
| 3. Relationship to student: _____ | 4. Tel : ( home ) _____ |
| 5. Tel : ( work) _____            | 6. Cell : _____         |
| 7. E-mail : _____                 |                         |

**Dependants :**

a) Does the applicant have any dependants? (wife, children, etc) if so, state how they would be supported during the course of his studies.

\_\_\_\_\_  
\_\_\_\_\_

**Academic Records :**

**Religious :**

a) Last Madrasah attended : \_\_\_\_\_ b) Year : \_\_\_\_\_

c) Extent of education : \_\_\_\_\_

**Secular :**

a) Last school attended : \_\_\_\_\_ b) Year : \_\_\_\_\_

c) Last grade passed : \_\_\_\_\_

d) Other secular qualifications : \_\_\_\_\_

**Health :**

a) What is the general health of the applicant? \_\_\_\_\_

b) Does the applicant suffer from any illness / diseases etc.? ( eg. Asthma, epilepsy, etc.)

c) Does the applicant have any dental, sight or hearing problems ? If so, state.

d) Is the applicant on any specific medication? If so, state.

e) Does the applicant have any special dietary needs? (Allergic to any food, medication etc.) If so, kindly provide a detailed explanation. \_\_\_\_\_

**Behaviour :**

a) How is the general behaviour of the applicant ? \_\_\_\_\_

b) Does he have any undesirable habits ? (eg. Smoking, drug abuse, etc. )

c) Has the applicant ever been admitted to a rehab facility ? \_\_\_\_\_

d) Has the applicant ever been convicted of any criminal activity ? If so, give details. \_\_\_\_\_

**Recommendation:**

I, \_\_\_\_\_ recommend \_\_\_\_\_ (name of student)

to be a suitable student for admission to the Madrassah.

\_\_\_\_\_

Signature

DESIGNATION: \_\_\_\_\_ ( Aalim, Imaan, Principal, etc.)

**ADDENDUM**

**I fully understand that Darul Uloom Nu’amaniyyah has no obligation whatsoever**

- 1. To provide funds to cover my Study Visa and travelling costs to and fro.**
- 2. To provide funds, transportation and accommodation for my spouse, family, relatives, friends etc.**

**Consent and Indemnity**

I, \_\_\_\_\_ ( full name ), the parent / guardian of \_\_\_\_\_

hereby give consent for my child / ward to participate in all programmes of the Madrasah. I fully understand and accept that all programmes shall be undertaken at my child’s / ward’s own risk and I undertake, on behalf of myself, my executors, my wife and my son / ward aforesaid to indemnify, hold harmless and absolve the Madrasah, the principal, staff and officials against and from any or all claims whatsoever that may arise in connection with any loss of or damage to the property or injury to the person of my son / ward aforesaid in the course of any such programmes, in the knowledge that the principal and the staff will nevertheless take all reasonable precautions for the safety and well – being of my child / ward.

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness

**Declaration :** I, \_\_\_\_\_ ( full name of parent or guardian ) hereby certify that all the information provided in this application is true and correct.

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness1

\_\_\_\_\_

Witness2