



ISLAMIC INTERNATIONAL SCHOOL AND COLLEGE

Aftabnagar Branch

Plot No.72, Road No.3, Block-C, Aftabnagar (Opposite to SIRAJ CONVENTION CENTRE),

Badda, Dhaka-1212. Mobile: 01540 337 690

Email: iiscaftabnagarbranch@gmail.com

APPLICATION FORM FOR ADMISSION

(National Curriculum- English Version)

2 passport size and 2 stamp size photos of the candidate

To
The Principal
Islamic International School and College

Dear Sir,
Assalamualaikum.

We are submitting the information for your kind consideration for admission in class
in your esteemed institution.

INFORMATION ABOUT THE CANDIDATE

a. Name (in block capital letters).....
(in Bangla).....

b. Date of birth Gender: M/F.....
Place of birth Blood Group:
Nationality (Please attach birth registration certificate)
Birth registration number:

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c. Present address and telephone number
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d. Permanent address and telephone number
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INFORMATION ABOUT PARENTS

a. Father
Name (in block capital letters).....
(in Bangla).....

Nationality Occupation
Educational Qualification

Present address and telephone number
.....
.....

NID number: (Please attach copy of NID)

TIN number: (Please attach copy of TIN)

Permanent address and telephone number
.....
.....

b. Mother

Name **(in block capital letters)**.....
(in Bangla).....

Nationality Occupation

Educational Qualification

Present address and telephone number
.....
.....

NID number: (Please attach copy of NID)

TIN number: (Please attach copy of TIN)

Permanent address and telephone number
.....
.....

c. Local Guardian (in absence of parents)

Name **(in block capital letters)**.....
(in Bangla).....

Nationality Occupation

Educational Qualification Relation

Present address and telephone number
.....
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Permanent address and telephone number
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.....

d. Reference

Name **(in block capital letters)**.....
(in Bangla).....

Guardian of

Class / Standard Roll No.....

Present address and telephone number
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Permanent address and telephone number
.....
.....

Signature of the Reference

INFORMATION ABOUT PREVIOUS SCHOOLING

Name and address of the school/college last attended (please attach testimonial)

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.....

Class studied From To

OTHER INFORMATION ABOUT THE CHILD

Has the child undergone/suffered from any serious operation or medicine? Y/N

If yes, describe in brief

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.....

Is the child allergic to any food or medicine? Y/N

If yes, describe in brief

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.....

Is there any social information about the parents' life to facilitate in understanding the child's psychology or background? Y/N

If yes, describe in brief

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.....

I solemnly declare that the particulars stated above are all true and my son/daughter/ward does not suffer from any contagious disease/diseases. I pledge that I shall abide by all the rules and regulations of the institution.

Dated (Signature of the parents/
Local Guardian)

I pledge that I shall not participate in any activity subversive of the state and be bound to abide by all the rules and regulations of the institution.

Dated (Signature of the student)

(To be filled in by the office)

..... is allowed for admission in

Principal

Record of Achievements

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