



ISLAMIC INTERNATIONAL SCHOOL AND COLLEGE

House-18, Road-9, Gulshan-1, Dhaka-1212. Phone: 58815365.

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APPLICATION FORM FOR ADMISSION

The Principal
Islamic International School and College
Gulshan, Dhaka.

Dear Sir,
Assalamualaikum wa Rahmatullah.

3 passport
size and 2
stamp size
photos of the
candidate

We are submitting the information for your kind consideration for admission in Class / Standard in your esteemed institution.

INFORMATION ABOUT THE CANDIDATE

- a. Name :
Family name :
First name :
- 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:
.....
.....
..... e-mail:
- d. Permanent address and telephone number:
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INFORMATION ABOUT PARENTS

a. Father

- Name :
Family name : First name:
Nationality : Occupation:
Educational Qualification:
TIN number: **(Please attach copy of proof of submission of return)**
Present address and telephone number:
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.....
Permanent address and telephone number:
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b. Mother

Name :
Family name : First name:
Nationality : Occupation:
Educational Qualification:
TIN number: (Please attach copy of proof of
submission of return)

Present address and telephone number:

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Permanent address and telephone number:

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c. Local Guardian (in absence of parents)

Name :
Family name : First name:
Nationality : Occupation:
Educational Qualification:
Present address and telephone number:

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Permanent address and telephone number:

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d. Reference

Name :
Guardian of :
Class/ Standard: Roll No:
Present address and telephone number:

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Permanent address and telephone number:

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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

The child has the special attraction/hobby/skill in travelling/football/cricket/badminton/tennis/recitation/song/debate/acting/writing/.....

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

Promoted to Class/Std..... Roll No..... Initial Date:

Class/Std..... Roll No..... Initial Date:

Class/Std..... Roll No..... Initial Date:

Class/Std..... Roll No..... Initial Date: