

Baitul Hamd
32 Dolly Rathebe Road
Fordsburg

Tel: 011 373 8041

Fax: 086 551 0469

admin@jamiah.co.za

www.jamiah.co.za



Application Form

Ālim Fāḍil (Six Year Arabic and Islamic Studies Course)

Please write in BLOCK CAPITALS using black ink and complete all sections.

Programme fees are payable as set out in the fees brochure.

Return this completed form in person to the Jāmi'ah.

WHAT IS REQUIRED?

- MATRIC CERTIFICATE
- LETTERS OF RECOMMENDATION
- TESTIMONIAL FROM LAST INSTITUTE ATTENDED
- IDENTITY DOCUMENT
- ATTEND AN INTERVIEW

SECTION A: PERSONAL DETAILS

Please enter your name exactly as it appears on your identity document or passport.

SURNAME: _____

FIRST NAMES: _____

DATE OF BIRTH: (YY MM DD) _____

IDENTITY NUMBER: _____ MARITAL STATUS: _____

HOME LANGUAGE: _____

OTHER LANGUAGES: _____

MEDICAL HISTORY: _____



SECTION B: CONTACT INFORMATION

TELEPHONE NUMBER: _____

CELL NUMBER: _____

E-MAIL: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

SECTION C: EDUCATIONAL QUALIFICATIONS

ARE YOU FLUENT IN QUR'AN RECITATION? YES NO

HAVE YOU MEMORISED ANY PORTION OF THE QUR'AN? YES NO

IF SO, PLEASE STATE: _____

HAVE YOU STUDIED ANY OTHER ISLAMIC SUBJECTS/COURSES? YES NO

IF SO, PLEASE STATE: _____

YEAR MATRICULATED: _____ SCHOOL: _____

SUBJECTS:

SUBJECT	GRADE	SUBJECT	GRADE

OTHER QUALIFICATIONS: _____

WHAT ARE YOUR AIMS IN UNDERTAKING THIS COURSE, PLEASE ELABORATE:

SECTION D: DETAILS OF NEXT OF KIN

SURNAME: _____

FIRST NAMES: _____

RELATIONSHIP TO STUDENT: _____ OCCUPATION: _____

RELIGION: _____ NATIONALITY: _____

TELEPHONE NUMBER: _____

CELL NUMBER: _____

E-MAIL: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT NUMBERS:

1. NAME: _____ CELL NO: _____ RELATION: _____

2. NAME: _____ CELL NO: _____ RELATION: _____

MASJID/MUŞALLĀ YOU FREQUENT: _____

IMĀM'S NAME: _____

TEL: _____ CELL: _____ EMAIL: _____

SECTION E: HOUSING DETAILS

NB:

- The Madrasah does not cater nor assume responsibility for any housing arrangements.
- All students not residing at home are required to complete this section.

ADDRESS: _____

PERSON RESPONSIBLE: _____

TEL: _____ CELL: _____ EMAIL: _____

FELLOW TENANTS: _____

SECTION F: FINANCIAL AGREEMENT

Tuition fees are applicable at present rates. It is reviewed annually and liable to change as and when necessary.

WHAT METHOD OF PAYMENT DO YOU PREFER?

CASH

CHEQUE

ELECTRONIC FUND TRANSFER (EFT)

I SHALL PERSONALLY BE RESPONSIBLE FOR MY FEES YES NO

MY FEES WILL BE PAID BY A SPONSOR OR VIA A BURSARY YES NO

PLEASE PROVIDE THE DETAILS OF THE PERSON RESPONSIBLE FOR PAYING YOUR FEES:

NAME: _____ TEL: _____

EMAIL: _____ CELL: _____

NB: In the advent of a student deregistering from the Jāmi'ah, the fees would be required to be settled up till of the end of month of deregistration.

SECTION G: DECLARATION

Once you have completed this application form, please read the following statements carefully. By signing this application form you confirm your acceptance of these statements. If you do not sign this form, we cannot process your application.

- I confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify the Jāmi'ah promptly if any information contained on this application form should change, in order to keep it true, accurate, current and complete.
- I understand that if I become a registered recognised student, any personal data collected by the Jāmi'ah as a result of my application will form part of my student record.
- I have read and understand the financial policy pertaining to my enrolment in this programme, and accept that I am responsible for the payment of the required fees as stipulated.
- This application does not guarantee admission into the programme.

I, (full name) _____ hereby apply for admission to registration, tuition and examination in the specified programme.

Applicant's Signature: _____ Date: _____

Witnesses:

Names:	Signatures:
1) _____	_____
2) _____	_____

Where did you hear about this programme? _____

RETURN THIS FORM TO:

Jāmi'ah al-Ulūm al-Islāmiyyah
32 Dolly Rathebe Road,
Fordsburg,
Johannesburg,
2033

For Office Use: _____
Admission number: _____
Date received: _____
Accepted/rejected: _____
Date of admission: _____

FOR MORE INFORMATION:

CALL: 011 373 8041
EMAIL: admin@jamiyah.co.za
VISIT: www.jamiyah.co.za