

AL MUJTABA EDUCATION TRUST (AMET)

CANDIDATE REGISTRATION FORM

PHOTOGRAPH
Also Attach Attested Copies of
NIC/Form B
of Candidate and
Parent/Guardian
with registration form

Name:								
B Form/NIC Number:		DOB:						
Parent/Guardian:								
Postal Address:								
Present School/College:								
Tel:		e mail:						
APPLICANT DATA								
Academic Results		Roll No		Class/Level	Marks	Grade	Percent	
Last Annual Exams (att copy)								
Last Board Exams (att copy)								
AMET Tests (where required):								
Alive Parents:		Dependents" on 'Head' of family →		Sons	Daughters	Other#	Total	
Agri Land:								
House:		Parent/Guardian Occupation:						
Other Property#:		#Attach Details of: other dependents and other property if any						
Average Monthly Electric Bill *:				*Attach Photo Copy of Jan and Jun bills				
Family Income (per month) →								
CANDIDATE REQUEST FOR SUPPORT ^Attach details of 'other support required'								
'Class/Education Program' applied for:								
Admission	Fees	Books	Transport	Uniform	Exam	^Other	per Year	Payee
I accept that if selected I will be supported by 'Donations' including 'Zakat' arranged and managed by Al Mujataba Education Trust								
Guardian/Candidate Signatures:						Date:		
Remarks by Principal:								
Name:						Signature:		
Tel:		e mail:				Date/Seal:		
RECOMMENDATIONS BY ACC								
_____ for Support as follows. Placed at MERIT No. _____ out of _____ recommendees								
Education Class/Level/Discipline:								
Institution:		(Select one Option) Existing/Other (att reasons/institution name if 'other')						
Category:	Admission	Fees	Books	Transport	Uniform	Exam	*Other	Per Year
Amount:								
Duration:		Funds for Duration						
ACC Members (contact details on reverse)					Signatures		Date	
(PC)								
ABBREVIATIONS:- AMET: Al Mujtaba Education Trust/ ACC: Area Coordination Committee/ PC: Project Coordinator								

FOR AMET OFFICE USE ONLY				
Approved in ECM (ECM No./Date):				
Registered vide AMET Number:				
SUPPORT APPROVED				
Level/Class/Discipline:				
Institution:				
Support Duration			Ends on:	
Total Amount:				
Annual Allocation:				
Payment Schedule:				
Payee Name:				
Payee Address/Details:				
SIGNATURES			DATE	
Member Finance:				
Member Adm:				
Secretary:				
ACC MEMBERS				
	Member 1 (PC)	Member2	Member 3	Member 4
Name				
Designation				
NIC No.				
Address				
Telephone				
ANY OTHER RELEVANT INFORMATION NOT COVERED ABOVE				