



# MIND MASTER ACADEMY EDUCATION W.L.L

## مایند ماستر اکادمی التعلیمي ذ.م.م

### APPLICATION FORM FOR ALL PROGRAMMES

Passport Size  
Photo

#### PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME			LAST NAME													
NAME OF THE SCHOOL					CLASS													
GENDER	NATIONALITY		BLOOD GROUP			STUDENT MOBILE NO:												
DATE OF BIRTH	DD	MM	YEAR	QID														

#### PARENTS INFORMATION

INFORMATIONS		FATHER			MOTHER									
NAME														
OCCUPATION														
COMPANY														
MOBILE NO:														
WHATS APP NO:														
LANDLINE NO:														
E-mail ID:														

#### RESIDENTIAL DETAILS:

AREA NAME		ZONE NO:	
STREET NO		BUILDING NO:	

1) ACADEMIC/NON-ACADEMIC ACHIEVEMENTS OF YOUR CHILD:

2) EXTRA ACTIVITIES IN WHICH THE CHILD IS INVOLVING/INVOLVED:

3) WHAT IS YOUR CHILD'S STRENGTHS?

4) THE AREAS WHICH HE/SHE NEED TO IMPROVE?

5) WHAT DO YOU EXPECT FROM MIND MASTER ACADEMY

ACADEMIC GUIDANCE		PERSONALITY TRAINING PROGRAMMES		IMPROVEMENT IN BEHAVIOR		ALL THE AREAS	
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P.T.O.

## ACADEMIC COACHING DETAILS

➤ COACHING REQUIRED AREAS

MATHEMATICS		PHYSICS		CHEMISTRY		BIOLOGY	
ENGLISH		ACCOUNTANCY					

OPTIONAL LANGUAGES	MALAYALAM	
	HINDI	
	ARABIC	

➤ PREFERABLE TIMING FOR TUITION:

MORNING		AFTERNOON		EVENING	
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➤ DO YOU REQUIRE TRANSPORTATION? YES/NO

ONE WAY		TWO WAY		CONTACT NO:	
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➤ MENTION THE AREA:

I would like to take admission in MIND MASTER ACADEMY. I have read the rules and regulations of the Institution mentioned in the leaf letter. I agree to abide by the same. My particulars are given below.

Attached copies of QID of parent/guardian	
Attached copy of QID of the student	
Attached copy of medical card of the student	

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NAME

SIGNATURE

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DATE

For office use only

Application for the year -----/-----

Registration No: \_\_\_\_\_

Comments:

Date:

Fee: QR-