



MIND MASTER ACADEMY EDUCATION W.L.L

مايند ماستر اكاديمي التعليمي 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	

NAME

SIGNATURE

DATE

For office use only

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

Registration No: _____

Comments:

Date:

Fee: QR-