

معهد الفكرا لاسلامي ديوبند DEOBAND INSTITUTE OF ISLAMIC THOUGHT

Admission and Scholarship Form

Enrolment No (To be allotted by the Office)

that

Fill all the entries in Capital Letters				
Name of the Applicant Paste your recent				
Name of Father passport size photograph in				
Date of Birth (DD/MM/YY)		Sex: MALE	FEMALE	box. Make sure that your face should cover 80 percent of this photo.
Marital Status: Married Unmarried Divorced Permanent Address				Sign across the photograph.
City State Pin				
Phone	email			
Course applied for (Mark X in any one of the boxes below)				
Certificate Course in Islamic Banking and Finance (Duration 3 months)				
Diploma in Islamic Banking and Finance (Duration 1 year)				
Academic Qualifications				
Name of the Institute	Course	Year	Result	Remark
Declaration				
I do hereby declare that all the information provided in this form are true. If the information are found wrong or bogus, I shall be liable to a disciplinary action. I also declare that I shall abide by the rules and regulations during the period of my study at DIIT.				
Signature of the Applicant _		Day/Date	F	Place
To Be Filled by the Office Only (Applicants are requested not to write anything in the space below.)				
Application received on Application Accepted Rejected				
Admission is Fee based Scholarship based				
If fee based, amount of the fee to be paid by the student Rs. per month				
Amount of Scholarship Rs.				
Other Conditions				
Signature of the Director Date and Day				