

**Qatarqas Operating
Company Limited**

PO Box 22666

Doha, Qatar

T: +974 4473 6000

F: +974 4473 6666

www.qatargas.com



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/21127/Q015268
Date : 15.06.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Abuelyb Rahmtalla Gadean Madany (Staff No:21127) is an employee of Qatarqas Operating Company Limited. Employee joined the Company on 06 January 2022.

We confirm that Mr. Abuelyb Rahmtalla Gadean Madany is currently residing with family in Company provided accommodation as follows:

Residence Address

Flat C-11911- AKC Al-Khor Housing Community

Al-Khor

P.O. Box 22166

State of Qatar

Yours faithfully,

For **QATARQAS OPERATING COMPANY LIMITED**

C

5

Abdulaziz Mubarak J A Al-Kuwari
SENIOR PA OPERATIONS OFFICER



REGISTRATION FORM - AKIS British Curriculum

FOR OFFICE USE ONLY -To be completed by the Admissions Office

Academic Year:	
Admission Number:	Date of Admission:
Admitted into Year: <input type="checkbox"/>	House:
New Admission	Readmission <input type="checkbox"/>



This application will not be accepted without the submission of ALL required documents

APPLICANT INFORMATION

Family Name (as per passport): Gadean	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): Fajr	Date of Birth (DD/MM/YYYY): 3/11/2017
Place of Birth (City/ State): Khartoum	Country of Birth: Sudan
Passport No.: P08698206	Nationality: Sudanese
Qatar ID No.: 31773601346	HMC Medical Card No.: HC08102544
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: FS

PROFILE OF LANGUAGES SPOKEN AT HOME (this will help us to place your child appropriately)

The child speaks mainly in A_r_a_b_i_C (language) at home.

Her/she can understand English: Well Little Not at All

Mother's native language is Arabic speaks to her child mainly in A_r_a_b_i_c

Father's native language is A_r_a_b_i_c speaks to his child mainly in "Arabic"

Nanny's/Maid's native language is NA speaks to her child mainly in NA

DETAILS OF LAST SCHOOL (if applicable)

School Name: NA	Yea A
---------------------------	--------------

School Address:

NA

Syllabus followed in the school: British D American D IB D Other D (please specify):

NA



FAMILY INFORMATION

Home Address (in Qatar):

C-11911 AKC

Name: (as per passport)

ABUELTYB RAHMTALLA GADEAN MADANY

Father Mother D

Company: Qatargas DI AKIS D Other D (please specify) ----- ◆◆◆

StaffNo.: **21127**

Qatar IDNo.: **27973601761**

Nationality:

Sudanese

MobileNo.: **66692641**

Home Tel.No.: **50288277**

Work Tel.No.: **40448407**

Work Email Address: **AMadany@qatargas.com.qa**

Preferred contact:

Personal Email Address: **gnpoc555@yahoo.com**

Work D
 Personal EX

Name:

(as per passport) **SOZAN ABDELRAZIG OMER MORSAL**

Father Mother C

Qatar IDNo.: **28273602236**

Nationality:

SUDANESE

MobileNo.: **50288227**

Home Tel.No.: **66692641**

WorkTel.No.:

Email Address: **mohdnagro@gmail.com**

Emergency Contact INFORMATION (other than parents and currently residing in Qatar)

Name: **MOHAMMED AHMED ELMANSOUR**

Relationship:

friend

TelNo(s).: **66972933**

DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS BC

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO NO. OF CHILD/REN IN AKIS _____

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	Usage
NA	NA	NA

ANY ADDITIONAL INFORMATION

If there is any additional information that the school needs to be aware of, please indicate below, e.g. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.

MEDICAL INFORMATION

Vaccination Records

It is a mandatory requirement from the Ministry of Education and Higher Education and the Ministry of Public Health that the school obtains a record of the immunisation history of all new applicants.

Please attach 2 copies of your child's vaccination records.

Medical Conditions

Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record.

No

Allergies:

Please list below any allergies that the school staff should be aware of e.g. food or insect bites. If your child has serious allergies, please detail the action to be taken below. Please attach latest/applicable medical records.

No

Medication

Please list below any medication that your child needs to take on a routine basis. Please give all information as to when and how this is to be taken. Please attach prescription from medical practitioner if any.

No

Additional/Special Needs:

Does your child have any additional/special needs that the school needs to be aware of?

Hearing Sight Speech Other - please specify: No

CONSENT DECLARATIONS

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to Al Khor Community Medical Centre (for eligible students)/ Hamad General Hospital for diagnosis and treatment. Efforts to contact you will continue.&

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.

(Signature)

I accept the judgment of Al Khor International School staff in all matters regarding health and safety. To the best of my knowledge, I have accurately detailed above all medical conditions and information that the staff should be aware of.

Name of Parent: Ms. Fatima Mohamed

Signature: [Handwritten Signature]

Date: 16/06/2022



DECLARATION

I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

I consent, agree to and understand the following:

- Should my child exhibit additional needs requirements beyond the existing capabilities of AKIS which were not apparent at the point of admission, AKIS has the right to seek the child's withdrawal.
- My child shall undergo any assessment considered educationally necessary by AKIS.
- My child will take part in the required whole school curriculum subjects (including swimming, music and Ministry of Education and

H.....oas} ft l"T4Lifo_ &)

Jf/,{,/ z,7 ,

Name of Parent {In BLOCK letters}

Signature

Date

CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
1. Original letter of employment from the student's sponsor's company with home address	I]!	<input type="checkbox"/>
2. Registration form duly completed	QI:	<input type="checkbox"/>
3. Two colored passport size photographs	d	<input type="checkbox"/>
4. Copy of student's passport*	ra	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	[X	<input type="checkbox"/>
6. Copy of student's birth certificate*	[X	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	[2!:	<input type="checkbox"/>
8. Attested copy of most recent school report (must be written in or translated to English)	NJt]	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	[X	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	Di:	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP		<input type="checkbox"/>
12. Copy of student's sponsor's passport	G	<input type="checkbox"/>
13. Copy of other parent's passport	d(<input type="checkbox"/>

* The original copy must also be presented for verification purposes

Admissions Office

Name

Signature

Date

Checked by:

RECEIVED
 By Nusaiba at 6:10 am, Aug 17, 2022

REVIEWED
 By Michelle Peresadas at 8:32 am, Jun 22, 2022

Reviewed by:	
Validated by Lead Registrar:	



PASSPOter I... j
SON

THE REPUBLIC OF THE SUDAN

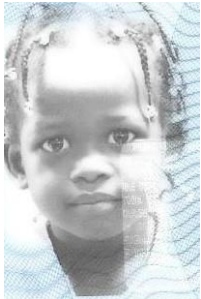
PWp0!Typej(wlIt,i
PH

Coael,w,1)111,
SDN

P08698206

Ft#h'alulJ,t it,-¥1
..ii,-J

FAJR ABUELTYB RAHMTALLA GADEAN



Nationalfrtyl
SON/ ;il j,,o,il

..kabeel Sd/U1,,;fw
KHARTOUM/ ie_,,,aa,

S.,,
Fi,,...i

Plact,0 ISSU4l Jt:Wll
OMDURMAN/ ;ii.J,,...

f'ubO'lilllNo! ;;;
293-8504-7681

Datto!8¥1h/ ;,+1
03-11-2017

Qale Orl Ue! Jt:¥IC,,;i,
19-12-2021

Otl tcl Expr,-¥ 1
18-12-2026



_,;NOT APPLICABLE

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 31773601346 : 1 f1 _; 1 1
D.O.B.: 03/11/2017 : If; ; _; : :
Expiry: 22/05/2023 : |



Nationality: SUDAN

Occupation: :¼-;ال -l

<.») | /-J Y,!;all;>I :f""YI

Name:FAJR ABUELTAYB RAHMTALLA GADEAN

Passport Number: P08698206 :.,i...J1 j.l.H> !"" J
Passport Expiry: 18112/2026 :z1 1^\.fi,1 (:;J,
Serial No: 30131773601346 :J.-1...11.,s.,... 1
Residency Type: :;:_____.;;ne
Employer: :;:;:;:;,'4-;... '-; ;...; 1,||.511..... ii

uljl ;u..J*.;i\ rs,--"''''o /!:J.S,

General Director of the General Holders signature

Director's office



Republic of The Sudan
Ministry of Interior
Police Force Headquarter
Passports & Civil Registration Corporation
Directorate of Civil Rolls
0i55536



ال...وJ
!i.1o.J.J
L.h"i- j> II
11J-?J,...I.J.U..
11J?1to.La...a-1.1.1

BIRTH CERTIFICATE

Locality ولاية الخرطوم State ولاية امدرمان
Certificate Number 436641
Number in Register 408 Page رقم القيد بالسجل
Date of Birth in Figures S)3j) !- rlijil.: J I &ut.:i
Gender t.J,III Name of Child J الJ
Father's Full Name الJ الJ I
Father's Religion I:/J Father's Nationality جنسية الوالد السودان
Father's Residence محل إقامة الوالد -- ،الخرطوم، ام بدة، البقعه، الراشدين اربعة عشر
Mother's Name Jl.u,y, J)ا 01j.... o.l.lلJ ,M,W
Mother's Residence محل إقامتها -- ،الخرطوم، ام بدة، البقعه، الراشدين اربعة عشر
Place of Birth محل الميلاد السودان، الخرطوم، الخرطوم، شمال، الخرطوم شمال
Date of Issue 13i11/2017 تاريخ تحرير الشهادة



الرتبه
الاسم
التوقيع



قطر



STATE OF QATAR 51
Ministry of Foreign Affairs

No.: 2021125004233/1 الرقم

Date: 09/11/2021 التاريخ

In - Amount: 14,000 SDG السعر في الخرطوم

فجر أبو الطيب رحمة الله جادين
تصادق على صحة الختم والتوقيع ل:

وزارة الخارجية السودانية
دون أدنى مسؤولية عن المحتويات

03413008

وزارة
الخارجية



معي الدين عثمان قادم
Mohidin Osman Gadam





Hamad MEDICAL EDUCATION RESEARCH

H.C.No.: **HC08102544** Health Card

Name: **FAJR ABU ELTAYB RAHMTALLA GADEAN**
Date of Birth: **3/11/2017**
Nationality: **Sudanese**
ID No: **31773601346**

IF YOU FIND THIS CARD, PLEASE RETURN TO THE SECURITY DEPARTMENT OF HAMAD MEDICAL CORPORATION

إذا وجدت هذه البطاقة الرجاء إعادتها إلى قسم الأمن في مؤسسة حمد الطبية

IMPORTANT MEDICAL DATA

- CAD
- RENAL FAILURE
- EPILEPSY
- ASTHMA & COPD
- HYPERTENSION
- DRUG ALLERGY
- DIABETES MELLITUS
- IMMUNOSUPPRESSED
- COAGULATION DISORDER

BLOOD GROUP: HEALTH CEN't5.

تاريخ الإصدار
15/6/2022

PHC:
Location: 42512NHN

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27973601-761 : I ,JLI
D.O.B.: 26/12/1979 I
Expiry: 06/01/2024 I



Nationality: SUDAN ; I

Occupation: u :¼,..II

6:J4- .»1 J '411._HI :/'"ii

Name:ABUELTYB RAHMTALLA GADEAN MADANY

Passport Number: P08387316 :;&-,ll j _H-rIJ
Passport Expiry: 28/0912031 :.JI I• efa
Serial No: 30127973601761 ;J..-.,JI I°_., n
Residency Type: :.)IE..._
Employer: .. JS- -UJ-I :

WI•JIJ \ f-
General Director of the General
mrectora7•

1.J»t}-.f,
Holde(s signature

.....21 //



\\I\\1\\111111\\ \\1\\1\\11\\111

State Of Qatar

Residency Permit

القطر
السكنى

ID.No: 28273602236

D.O.B.: 01/01/1982

Expiry: 22/05/2023

4i1.1,..

Nationality: SUDAN

Occupation: J,;..... ;

: 9-5 9

: 1&.fl

:

الجنسية

المهنة:



JI-yo <.!|J!! uljj,..a :i''''i

Name:SOZAN ABDELRAZIG OMER MORSAL

Passport Number:

P08622956

:...n)l J

Passport Expiry:

26/12/2031

:z| 1•4Z\ &J:l

Serial No:

30128273602236

:J..-111''->-11

Residency Type:

:..... i,t,;

Employer:

..... J.....1,11.)11

:....._i:;-n

ulj|P.Jl ...i.J\ JJJ'tl /S,J:-1.0
General Director of the General
Directorate of Passports

He!de(s signature

JJ,?

سوزان



