

**Qatargas Operating
Company Limited**
PO Box 22666
Doha, Qatar
T: +974 4473 6000
F: +974 4473 6666
www.qatargas.com



Tel : 4452 3401
Fax : 4473 6345
Ref. : PA/ 3885 /ma
Date : 17 May 2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Ammar Djelloul (Staff No: 3885) is an employee of Qatargas Operating Company Limited.

We confirm that Mr. Ammar Djelloul is currently residing with his family in Company provided accommodation as follows:

Residence Address

Flat C-00202 - AKC Al-Khor Housing Community
Al-Khor
P.O.Box 22166
State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**


Mohammed Al-Kuwari
Senior PA Operations Supervisor



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:	House:
New Admission <input type="checkbox"/>	Readmission <input type="checkbox"/>



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

APPLICANT INFORMATION

Family Name (as per passport): Djelloul	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): Youcef	Date of Birth (DD/MM/YYYY): 05.06.2018
Place of Birth (City/ State): al khor qatar	Country of Birth: Qatar
Passport No.: 186863216	Nationality: Algerian
Qatar ID No.: 31801200058	HMC Medical Card No.: HC05270794
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	Year Group/ Class requested for admission: Fondation stage

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

The child speaks mainly in arabic (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 Arabic

Father's native language is arabic speaks to his child mainly in arabic

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

DETAILS OF LAST SCHOOL (if applicable)

School Name:	Year:
School Address:	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	



FAMILY INFORMATION

Home Address (in Qatar): community Alkhor C0202		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) Ammar Djelloul		Father <input type="checkbox"/> Mother <input type="checkbox"/>
Company: Qatargas <input checked="" type="checkbox"/> AKIS <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: 3885
Qatar ID No.: 26901200073	Nationality: Algerian	
Mobile No.: 66411013	Home Tel. No.: 44724386	Work Tel. No.: 44737865
Work Email Address: adjelloul@qatargas.com.qa	Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
Personal Email Address: amar_mad69@yahoo.fr		
OTHER PARENT'S INFORMATION		
Name: (as per passport) Moudjari Hanane		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28001200073	Nationality: algerian	
Mobile No.: 33212997	Home Tel. No.: 44724386	Work Tel. No.:
Email Address: hanmoudjari@yahoo.fr		

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

Name: salim Hadji	Relationship: friend	Tel No(s): 66089415
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DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO NO. OF CHILD/REN IN AKIS 2

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
Mohamed Seddik Djelloul	10	COB
Ibrahim djelloul	6	COB

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.

nought

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.

nought

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.

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: nought


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: Ammar Djelloul

Signature:  _____ Date: 10.05.2022

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 Higher Education-mandated lessons).

AMMAR DJELLOUL

Name of Parent (In BLOCK letters)

Signature

10.05.2022

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Registration form duly completed	<input type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport*	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Copy of student's birth certificate*	<input type="checkbox"/>	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Attested copy of most recent school report (must be written in or translated to English)	<input type="checkbox"/>	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP	<input type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* The original copy must also be presented for verification purposes

Admissions Office	Name	Signature	Date
Checked by:			
Reviewed by:			
Validated by Lead Registrar:			

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28001200073 للرقم الشخصي:
D.O.B.: 27/01/1980 تاريخ الميلاد:
Expiry: 06/02/2023 الصلاحية:
الجنسية:
Nationality: ALGERIA جزائرية
Occupation: ربة منزل المهنة:



الاسم: حنان مودجاري

Name: HANANE MOUDJARI

Passport Number: 155991601 رقم جواز السفر:
Passport Expiry: 17/05/2025 تاريخ انتهاء الجواز:
Serial No: 30528001200073 لرقم الممثل:
Residency Type: عائلية نوع الرخصة:
Employer: عمار جلول لمستخدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



State of Qatar			دولة قطر
Residency Permit			رخصة إقامة
ID.No:	26901200073	الرقم الشخصي:	
D.O.B.:	13/08/1969	تاريخ الميلاد:	
Expiry:	01/11/2024	الصلاحية:	
Nationality:	ALGERIA	الجنسية:	
Occupation:	فني تعدين	المهنة:	
			الاسم: عمار جلول
Name: AMMAR DJELLOUL			

Passport Number:	100001004	رقم جواز السفر:
Passport Expiry:	17/05/2025	تاريخ انتهاء الجواز:
Serial No:	30826901200073	الرقم الممثل:
Residency Type:	عمل	نوع الرخصة:
Employer:	شركة قطر غتر للتشغيل المحدودة	المستقدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	
		
		




المؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH · EDUCATION · RESEARCH · علم · تعليم · بحث

H.C. No. : الرقم الصحي: **HC05270794** **بطاقة الصحية**
Health Card

الإسم: **يوسف جلول**
Name: **YOUCEF DJELLOUL**
Date of Birth: **5/6/2018** تاريخ الميلاد:
Nationality: **Algerian** الجنسية: **جزائري**
ID No: **31801200058** الرقم الشخصي:

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



الأمراض المرضية الأساسية
IMPORTANT MEDICAL DATA

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

BLOOD GROUP: HEALTH CENTERS

تاريخ الإصدار: **10/9/2019**
PHC :
Location : **35176NHN**



جدول التلقيح

Immunization Schedule

الحمى ضد Imm. Against	التاريخية Date			الجرعة الاولى 1st	الحمى ضد Imm. Against
	الثانية 3rd	الثانية 2nd	الثالثة 3rd		
الجدى الفيروسي (ب) Hep A				06/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
MMR				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
الجدى المائي Varicella				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
Tetra - الرباعي				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
الزوبقية المشطية - B				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
الطفل الفموي - PV B				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
التي المشطية - DTaP B				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
الثنائي - Td				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
التانوس - Tetanus				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B
Others				05/06/18 Dhina Rnd	الجدى الفيروسي (ب) Hep B

الحمى ضد (الجدى الفيروسي (ب) HBV، الـدفتيريا، التيتانوس، السعال الديكي DTaP، هيموفيلس الفلورا Hib

الحمى ضد (الجدى الفيروسي (ب) HBV، الـدفتيريا، التيتانوس، السعال الديكي DTaP، هيموفيلس الفلورا Hib، شلل الأطفال الـجدى MMR، الحصبة الألمانية Rubella، الحصبة Measles، الحصبة الـجدى TETRA (الرباعي)، السعال الديكي DTaP، هيموفيلس الفلورا Hib

جدول التخصيمات
Immunization Schedule

التاريخ Date	التوقيع والملاحظات Signature and Remarks	الحصين ضد Imm. Against
<p>الثانية 2nd</p> <p>29/1/19</p> <p>U. amir</p> <p>U. amir</p>	<p>الجرعة الاولى 1st</p> <p>Lot R000457</p> <p>Lot R000457</p> <p>Lot R000457</p>	<p>الحصين ضد Imm. Against</p> <p>الحيد الهبائي (A) Hep A</p> <p>MMR</p> <p>الحديري الهائي Varicella</p> <p>Tetra - الرباعي</p> <p>الرتوية المنشطة - PCV B</p> <p>طفال القموي - OPV B</p> <p>المشطة - DTaP B</p> <p>Td - التثائي</p> <p>Tetanus - التانوس</p> <p>Others</p>
<p>U. amir</p> <p>U. amir</p>	<p>U. amir</p> <p>U. amir</p>	<p>PCV B - الرتوية المنشطة -</p> <p>OPV B - طفال القموي -</p> <p>DTaP B - المشطة -</p> <p>Td - التثائي</p> <p>Tetanus - التانوس</p> <p>Others</p>



Passport Number: 186863216 رقم جواز السفر:
Passport Expiry: 25/06/2023 تاريخ انتهاء الجواز:
Serial No: 30131801200058 الرقم الممثل:
Residency Type: عائلية نوع الرخصة:
Employer: عمال جلول المستخدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



State Of Qatar
Residency Permit






دولة قطر
رخصة إقامة

ID.No: 31801200058 الرقم الشخصي:
D.O.B.: 05/06/2018 تاريخ الميلاد:
Expiry: 11/07/2024 الصلاحية:
جنس: الجنسية:
Nationality: ALGERIA
Occupation: طفل المهنة:
الاسم: يوسف جلول



Name: YUCEF DJELLOUL

SECURITY PASS



Validity: **01/11/2022** : الصلاحية
QID / Visa No: **26901200073** : البطاقة الشخصية / تأشيرة
Nationality: **ALGERIAN** : جنسية
Staff No: **3885** : رقم الموظف
Name: **AMMAR DJELLOUL** : الاسم : **عمار جلول**

Company: **QATARGAS OPERATING COMPANY LTD.** : قطر غاز

Authorised Areas : الأماكن المصرح بدخولها

RL:
1,2,26,28,29,30

Valid From: **02/11/2021**

App #: **RL3364402581956**

QSP 8146160

Or Call Tel : **44491600**
ICLASS 2K

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S
R
E
C
G