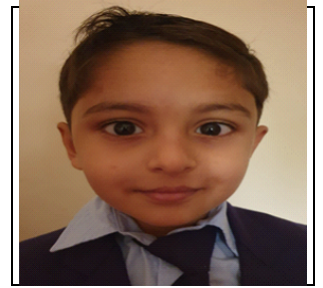


REGISTRATION FORM –AKIS CBSE

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

Academic Year:	
Admission Number:	Date of Admission:
Admitted into Grade :	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): Edayathalil	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): Zayaan	Date of Birth (DD/MM/YYYY): 26/09/2018
Place of Birth (City/ State): Alkhor/Qatar	Country of Birth: Qatar
Passport No.: S9827586	Nationality: Indian
Qatar ID No.: 31835603279	HMC Medical Card No.: HC05408139
Religion: (required by MOEHE) Hindu <input type="checkbox"/> Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/> _____	Grade requested for admission: Kindergarten 2
First Language: Malayalam	Language spoken at home: English
As per the norms of the CBSE, Hindi or Arabic are compulsory subjects either as a second or third language: Second language to be offered: Hindi <input type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Tamil <input type="checkbox"/> Malayalam <input checked="" type="checkbox"/> Third language to be offered: Hindi <input checked="" type="checkbox"/> French <input type="checkbox"/> Arabic <input type="checkbox"/> Gujarati <input type="checkbox"/> Telugu <input type="checkbox"/>	
Special Co-Curricular Interest of the Child: Sports <input checked="" type="checkbox"/> Music <input checked="" type="checkbox"/> Drama <input type="checkbox"/> Art <input checked="" type="checkbox"/> Elocution <input type="checkbox"/> Dance <input checked="" type="checkbox"/> Other: _____	

DETAILS OF LAST SCHOOL (if applicable)

School Name: North Star International Kindergarten	Grade: Kindergarten
School Address: Alkhor, Qatar	
Syllabus followed in the school: I.S.C. <input type="checkbox"/> C.B.S.E <input checked="" type="checkbox"/> British <input type="checkbox"/> Other <input type="checkbox"/> (please specify): _____	

FAMILY INFORMATION

Home Address (in Qatar): Villa B208 Al Khor Community PO Box : 22166 State of Qatar		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) Latheef Edayathalil		Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/>
Company: Qatargas <input checked="" type="checkbox"/> AKIS <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: 3582
Qatar ID No.: 27935602921		Nationality: Indian
Mobile No.: 55994700	Home Tel. No.: 44350940	Work Tel. No.: 44737146
Work Email Address: Ledayathalil@qatargas.com.qa Personal Email Address: latheefedayathalil@gmail.com		Preferred contact: Work <input checked="" type="checkbox"/> Personal <input type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: Sana Farook (as per passport)		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28635600942		Nationality: Indian
Mobile No.: 66525266	Home Tel. No.: 44350940	Work Tel. No.: 44350940
Email Address: sanafarook2@gmail.com		

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

Name: Ashraf Chathalloor	Relationship: Family Relative	Tel No(s): 55376521
--------------------------	----------------------------------	---------------------

DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-CBSE

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO

NO. OF CHILD/REN IN AKIS 3

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Grade	House
Hayaan Latheef	9	Shakespeare
Aysha Latheef	7	Shakespeare
Haneen Latheef	3	Shakespeare

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.

No

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?

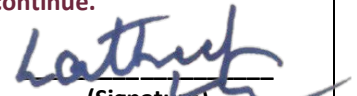
Hearing Sight Speech Other - please specify: _____

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: Latheef Edayathalil

Signature: 

Date: 21/1/2023

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).

LATHEEF EDAYATHALIL

Name of Parent (In BLOCK letters)





Signature

21/1/2023

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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport* (including parental detail page)	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Copy of Transfer Certificate*	<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:			

**Qatargas Operating
Company Limited**

PO Box 22666

Doha, Qatar

T : +974 4473 6000

F : +974 4473 6666

www.qatargas.com.qa



Tel. : 4452 3222
Fax : 4473 6345
Ref. : PA/3582/Q015268
Date : 12.01.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Latheef Edayathalil (Staff No:3582) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 06 April 2008.

We confirm that Mr. Latheef Edayathalil is currently residing in Company provided accommodation as follows:

Residence Address

Villa B-208 - AKC Al-Khor Housing Community

Al-Khor

P.O. Box 22166

State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**


Abdulaziz Mubarak J A Al-Kuwari
A/SENIOR PA OPERATIONS SUPERVISOR



भारत गणराज्य REPUBLIC OF INDIA

इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सभी से जिनका इससे संबंध हो, अनुरोध एवं अपेक्षा की जाती है कि वे धारक को बिना किसी रोक-टोक के स्वतंत्र रूप से आने-जाने दें, और उसे हर तरह की ऐसी सहायता और सुरक्षा प्रदान करें जिसकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUIRE IN THE NAME OF THE PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से
BY ORDER OF THE PRESIDENT
OF THE REPUBLIC OF INDIA



Amita

अमिता बंसल
Amita Bansal

अताशे
Attaché

भारतीय राजदूतावास Embassy of India
दोहा [कतार] Doha [Qatar]

पासपोर्ट
PASSPORT



सत्यमेव जयते

भारत गणराज्य
REPUBLIC OF INDIA

निर्घण / OBSERVATION

निर्घण सेवा / MISCELLANEOUS SERVICE

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

LATHEEF EDAYATHALIL

माता का नाम / Name of Mother

SANA FAROOK

पति या पत्नी का नाम / Name of Spouse

पता / Address

EDAYATHALIL HOUSE

JUBILEE ROAD, PERINTALMANNA

MALAPPURAM, KERALA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.

QATDP4836018 -

State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

ID.No: 31835603279 الرقم الشخصي:
D.O.B.: 26/09/2018 تاريخ الميلاد:
Expiry: 05/11/2024 الصلاحية:
Nationality: INDIA الجنسية:
Occupation: طفل المهنة:
الاسم: زينب لطيف

Name: ZAYAAN LATHEEF



Passport Number: S9827586 رقم جواز السفر:
Passport Expiry: 29/10/2023 تاريخ انتهاء الجواز:
Serial No: 30131835603279 الرقم المسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: لطيف اديتاليل المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature

الاسم: زينب لطيف



Birth Certificate / شهادة ميلاد

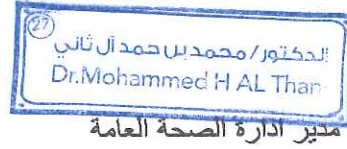
Baby Name	ZAYAAN LATHEEF	اسم المولود
Sex	Male	الجنس
Date of Birth	26/09/2018 (16/01/1440)	تاريخ الميلاد
Date of Birth in Words	TWENTYSIXTH OF SEPTEMBER TWO THOUSAND EIGHTEEN	تاريخ الميلاد بالحروف
Place of Birth	AL KHOR HOSPITAL - QATAR	محل الميلاد
Father's Name	LATHEEF EDAYATHALIL	اسم الأب
Religion	MUSLIM	ديانة الأب
Nationality of Father	INDIA	جنسية الأب
Mother's Name	SANA FAROOK	اسم الأم
Religion	MUSLIM	ديانة الأم
Nationality of Mother	INDIA	جنسية الأم
Registration Number	021172/2018	رقم التسجيل
Registration Date	07/10/2018 10.25 AM	تاريخ التسجيل



I certify that the above is a true copy of an entry in the register of births of the Public Health Department, Doha-Qatar.

أشهد أن ماورد أعلاه هو نقل صحيح من سجل مواليد إدارة الصحة العامة بالدوحة - دولة قطر

محمد علي



Registerer
khalida

Director of the Public Health

مسئول التسجيل

التوقيع والملاحظات Signature and Remarks	التاريخ Date		الحصين ضد Imm. Against
	الثانية 2nd	الجرعة الاولى 1st	
		24 Oct 19 R012587	الكبد الوبائي (أ) Hep A
		24 Oct 19 R0329785	MMR
		27 Oct 19 R1000253A	الجدري المائي Varicella
			Tetra - الرباعي
			مخورات الرئوية المنشطة - PCV B
			شلل الأطفال الشموي - OPV B
			الثلاثي المنشطة - DTaP B
			التثائي - Td
			تيتانوس - Tetanus
			Others

Aller
سائيق

الخط الساخن - Hotlines
(عربي) ٦٦٧٤٠٩٥ - 66740951 (English)

التوقيع والملاحظات Signature and Remarks	التاريخ Date			الحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الجرعة الاولى 1st	
			27/10/19 R12154 ABEEN	الدرن BCG
			20-09-18 R1000253A	الكبد الفيروسي (ب) Hep B
			28587003 - 14/4/19 ✓ IM Rt thigh - Hesty.	الخماسي PENTA
	14/4/19 - P3J10 PO - Hesty.		27/10/19 Oral	شلل الأطفال القموي OPV
	14/4/19 T62561 - IM - Lt thigh - Hesty.	27/10/19 IM	NA 11/12/18 Rt thigh T62561	المخورات الرئوية PCV
			NA 11/12/18 Oral AR0LB840AA	الفيروسات العجلية ROTA virus
			NA 11/12/18 LH thigh N35782V	السداسي HEXA

PENTA (الخماسي): الكبد الفيروسي (ب) HBV، الدفتيريا، التيفوس، السعال الديكي DTP، هيموفلس الفلورا Hib
HEXA (السداسي): الكبد الفيروسي (ب) HBV، الدفتيريا، التيفوس، السعال الديكي DTaP، هيموفلس الفلورا Hib، شلل الأطفال المعطل IPV
TETRA (الرباعي): السعال الديكي DTaP، هيموفلس الفلورا Hib، الحصبة Measles، الحصبة الألمانية Rubella، النكاف Mumps



مؤسسة حمد الطبية
Hamad Medical Corporation
صحة · تعليم · بحوث
HEALTH · EDUCATION · RESEARCH

H.C. No. : الرقم الصحي
HC05408139

البطاقة الصحية
Health Card

Name: **ZAYAAN LATHEEF**
Date of Birth: **26/9/2018**
Nationality: **Indian**
ID No: **31835603279**

الإسم: **زينة لطيف**
تاريخ الميلاد: **26/9/2018**
الجنسية: **هندي**
الرقم الشخصي: **31835603279**

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

الأعراض المرضية الأساسية

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

BLOOD GROUP:

HEALTH CENT 75

تاريخ الإصدار
3/11/2019

PHC :
Location : 35738NHN

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 27935602921 الرقم الشخصي:
D.O.B.: 20/05/1979 تاريخ الميلاد:
Expiry: 05/04/2024 الصلاحية:
الهند الجنسية:
Nationality: INDIA
Occupation: مهندس المهنة:



الاسم: لطيف ادايتاليل

Name: LATHEEF EDAYATHALIL

Passport Number: Z2504562 رقم جواز السفر:
Passport Expiry: 25/05/2023 تاريخ انتهاء الجواز:
Serial No: 31027935602921 الرقم الممثل:
Residency Type: عمل نوع الرخصة:
Employer: شركة قطر غاز للتشغيل المحدوده المستقدم:

مدير عام الإدارة
Director of the General
Directorate of Passports

توقيع حامل البطاقة
Holder's signature



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28635600942
D.O.B.: 10/10/1986
Expiry: 03/11/2025

الرقم الشخصي:

تاريخ الميلاد:

الصلاحية:

الجنسية:

Nationality: الهند
INDIA

Occupation: ربة منزل
المهنة:



الاسم: ثناء فاروق

Name: SANA FAROOK

Passport Number:

M4812641

Passport Expiry:

07/03/2025

Serial No:

30828635600942

Residency Type:

عائلية

Employer:

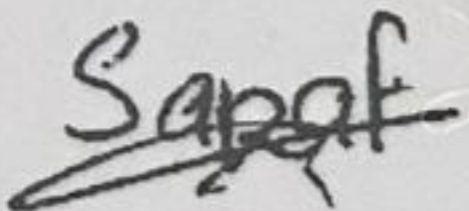
لطيف ادايتاليل

مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports

توقيع حامل البطاقة

Holder's signature







رقم جواز السفر:

تاريخ انتهاء الجواز:

الرقم المسلسل:

نوع الرخصة:

المستقدم:



निरीक्षण / OBSERVATION

विभिन्न सेवा / MISCELLANEOUS SERVICE

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

ABUBACKER FAROOK

माता का नाम / Name of Mother

SAJITHA FAROOK

पति या पत्नी का नाम / Name of Spouse

पता / Address

SAJITHA MANZIL,

PARAPURAM MANNAM PO,

N PARAVUR ERNAKULAM KERALA.

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

F8280911 08/07/2007 DOHA

फाइल नं. / File No.

QATDP0994515 OLD PPT CLD AND RETURNED