

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"/>

Please attach (recent)
2 passport size
photographs
of your child

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

APPLICANT INFORMATION

Family Name (as per passport):	Gender: Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
First Name (as per passport): Mohamed Raihan	Date of Birth (DD/MM/YYYY): 07/05/2018
Place of Birth (City/ State): Al Khor Qatar	Country of Birth: Qatar
Passport No.: S1205902	Nationality: Indian
Qatar ID No.: 31835601175	HMC Medical Card No.: HC07589579
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: English	Language spoken at home: Malayalam & 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 type="checkbox"/> Elocution <input type="checkbox"/> Dance <input checked="" type="checkbox"/> Other: _____	

DETAILS OF LAST SCHOOL (if applicable)

School Name: North Star Kindergarten	Grade: Kindergarten 1
School Address: Al Khor	
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): Al Khor Community, Street No. 05, House C1602		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) Shebin Oleed		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.: 4861
Qatar ID No.: 28335600164		Nationality: Indian
Mobile No.: 55057177	Home Tel. No.: 44478149	Work Tel. No.: 44736469
Work Email Address: soleed@qatargas.com.qa Personal Email Address: shebin.oleed@gmail.com		Preferred contact: Work <input checked="" type="checkbox"/> Personal <input type="checkbox"/>
OTHER PARENT'S INFORMATION		
Name: Shahila Abdulla (as per passport)		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28435631329		Nationality: Indian
Mobile No.: 33691749	Home Tel. No.: 44478149	Work Tel. No.:
Email Address: shahilaabdulla@gmail.com		

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

Name: N T Oleed	Relationship: Father	Tel No(s): 00919048343791
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DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-CBSE

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

NO. OF CHILD/REN IN AKIS 2

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Grade	House
Mohamed Zayan	6	Battuta
Hessa Shebin	3	Battuta

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. **Yes**

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: NA

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: Shebin Oleed

Signature: 

Date: 23 Jan 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).

Shebin Oleed



23/Jan/23

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	<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 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 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/4861/Q015268
Date : 11.01.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Shebin Oleed (Staff No:4861) is an employee of Qatargas Operating Company Limited. Employee joined the Company on 30 July 2011.

We confirm that Mr. Shebin Oleed is currently residing with family in Company provided accommodation as follows:

Residence Address

Flat C-01502 - AKC Al-Khor Housing Community
Al-Khor
P.O. Box 22166
State of Qatar

Yours faithfully,

For **QATARGAS OPERATING COMPANY LIMITED**

Munera Al-Kubaisi
SENIOR PA OPERATIONS SUPERVISOR





State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة

ID.No: 31835601175 : الرقم الشخصي:
D.O.B.: 07/05/2018 : تاريخ الميلاد:
Expiry: 03/06/2025 : الصلاحية:
Nationality: ~~INDIA~~ : الجنسية:
Occupation: طفل : المهنة:

الاسم: محمد ريان

Name: MOHAMED RAIHAN



Passport Number: S1205902 : رقم جواز السفر:
Passport Expiry: 26/05/2023 : تاريخ انتهاء الجواز:
Serial No: 30431835601175 : الرقم المسلسل:
Residency Type: عقلية : نوع الرخصة:
Employer: سحيين اوليد : المستقدم:
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:
توقيع حامل البطاقة
Holder's signature



شهادة ميلاد / Birth Certificate

Baby Name	MOHAMED RAIHAN	اسم المولود
Sex	Male	الجنس
Date of Birth	07/05/2018 (21/08/1439)	تاريخ الميلاد
Date of Birth in Words	SEVENTH OF MAY TWO THOUSAND EIGHTEEN	تاريخ الميلاد بالحروف
Place of Birth	AL KHOR HOSPITAL - QATAR	محل الميلاد
Father's Name	SHEBIN OLEED	اسم الأب
Religion	MUSLIM	ديانة الأب
Nationality of Father	INDIA	جنسية الأب
Mother's Name	SHAHILA ABDULLA	اسم الأم
Religion	MUSLIM	ديانة الأم
Nationality of Mother	INDIA	جنسية الأم
Registration Number	009946/2018	رقم التسجيل
Registration Date	09/05/2018 12.11 PM	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

الدكتور / محمد بن حمد آل ثاني
Dr. Mohammed H AL Thani

zainab
Registerer
zhasan

Director of the Public Health

مدير ادارة الصحة العامة

مسئول التسجيل

SCHEDULE 1
[See rule 2(c)]

FORM I
(See rule 3)
The Citizenship Rules, 2009

APPLICATION FOR REGISTRATION OF BIRTH OF A MINOR CHILD
AT AN INDIAN CONSULATE UNDER SECTION 4(1) OF THE
CITIZENSHIP ACT, 1955

Note: Please write/print in BLOCK LETTERS

PART I



1. Full Name of the minor child: **MOHAMED RAIHAN**
2. Place: **AL KHOR HOPSITAL**
3. Country of Birth: **QATAR**
4. Date of Birth: **07-05-2018**
5. Mark of Identification: **NO MARKS SEEN**
6. Present Address: **PONNOTH HOUSE, PULIMANTHIPADI, P.O. CHAKKAMKANDAM, TRICHUR DT KERALA.**
7. (i) Fathers full name: **SHEBIN OLEED**
(ii) Citizen of India by birth/descent/ registration*/ naturalization*: **CITIZEN OF INDIA BY BIRTH**
(iii) Occupation: **SYSTEM ADMINISTRATOR**
(iv) Passport particulars: (a) Country: **INDIA** (b) Number: **J4202525**
8. (i) Mother's full name: **SHAHILA ABDULLA**
(ii) Citizen of India by birth/descent/ registration*/ naturalization: **CITIZEN OF INDIA BY BIRTH**
(iii) Occupation: **DENTIST**
(iv) Passport particulars: (a) Country: **INDIA** (b) Number: **J9644870**



भारतीय राजदूतावास

السفارة الهندية

EMBASSY OF INDIA

P.O. BOX 2788, DOHA-QATAR

Tel:(974)-44255777; Fax:(974)-44655471

E-mail :adm.doha@mea.gov.in

Homepage :http://www.indianembassyqatar.gov.in

FORM 'H'
CERTIFICATE OF ENTRY OF A BIRTH OF AN INDIAN CITIZEN

Births within the District of the Embassy of India, Doha, State of Qatar

NAME OF CHILD	MOHAMED RAIHAN
SEX	MALE
DATE OF BIRTH	07-05-2018
PLACE OF BIRTH	AL KHOR QATAR
NAME OF FATHER	SHEBIN OLEED
NAME OF MOTHER	SHAHILA ABDULLA
OCCUPATION OR PROFESSION /RANK OF FATHER	SYSTEM ADMINISTRATOR
REG. NO. & DATE OF REGISTRATION	QATDC2125418, 18-05-2018

I DO HEREBY CERTIFY THAT THIS IS THE TRUE COPY OF ENTRY OF BIRTH
OF MOHAMED RAIHAN AT NUMBER QATDC2125418 IN THE REGISTER KEPT IN
THE EMBASSY OF INDIA,DOHA.

WITNESS MY HAND AND SEAL ON SUNDAY 27-MAY-2018




Soumitra Mondal
सौमित्र मंडल
Soumitra Mondal
सहायक कोन्सुलर अधिकारी
Assistant Consular Officer
भारतीय राजदूतावास Embassy of India
दोहा [कतर] Doha [Qatar]

PART II

9. I, **SHEBIN OLEED**, a citizen of India and a Parent of **Mohamed Raihan** to whom the foregoing particulars Relate, hereby apply on behalf of my child for the registration of his/her birth.

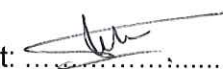
Date: 18/05/2018

Signature of Parent: 

10. I, **SHEBIN OLEED** being the parent of **Mohamed Raihan** do solemnly and sincerely declare that my child to the whom the foregoing particulars relate does not hold the passport of any other country.

11. I, **SHEBIN OLEED** do solemnly and sincerely declare that the foregoing particulars stated in the application are true and I make this solemn declaration conscientiously believing the same to be true.

Date: 18/05/2018

Signature of Parent: 

Made and subscribed this day of 20..... before me.




सौमित्र मोडल
Soumitra Mondal
सहायक कोन्सलर अधिकारी
Assistant Consular Officer
भारतीय राजदूतावास Embassy of India
दोहा [कतार] Doha [Qatar]

**Signature:

**Designation:

Signed in my presence.

*If a citizen of India by registration or naturalization, please mention to the number and date of the certificate of registration or naturalization, as the case may be.

**Signature and designation of the officer authorized under rule 38 of the Citizenship Rules 2009, before whom the declaration is made or oath of allegiance is taken (i.e. any consular officer as defined in rule 2 (d) of the Citizens (Registration at Indian Consulates) Rules, 1956.

(This form complete in all respect shall be submitted in duplicate to the Indian Mission/ Post in the country in which the applicant is ordinarily resident)

DOCUMENTS TO BE ATTACHED WITH THE APPLICATION BY THE APPLICANT

1. A copy of the birth certificate of the child.
2. A copy of the passport of both the parents.
3. A copy of the certificate of Indian citizenship if acquired by registration/ naturalization.
4. A copy of the marriage certificate of the parents.

भारत का राजदूतावास, दोहा [कतार]
Embassy of India, Doha [Qatar]
सं० C-212 5418 दिनांक 28/08/2018
No. Date

मेरी उपस्थिति में हस्ताक्षर किए गए।

لتيح عمليات الفحص الدورية للعين فرصة لمودجية للكشف عن مشاكل الرؤية عند الأطفال و كلما تم اكتشاف هذه المشاكل في مرحلة مبكرة وكلما زادت فرص استعادة البصر، فإذا كانت لديك أية مخاوف بشأن إحصار طفلك أو الأوضاع غير الطبيعية للعين أو أي تاريخ عائلي لهذه المشاكل فإنه ينبغي عليك أن تسعى لإجراء تقييم لهذا الأمر عن طريق طبيب العيون بمركز الرعاية الصحية الأولية الذي يتبعه الطفل.

Periodic vision examination is an ideal opportunity to detect vision problems with children, whenever these problems are discovered at an early age there are greater chances of restoring sight. If you have any concerns about your child's vision or abnormal conditions of the eye or any family history of these problems, you should seek to make an assessment of this matter by an ophthalmologist in Child's health center.

Age	Right Eye	Left Eye	Date	Examination
New Born Normal Birth - Red Reflex - Congenital malformation Premature and Others - Retinal Exam	Pres <input checked="" type="checkbox"/> Abse <input checked="" type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/>	Pres <input checked="" type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input checked="" type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/>	1/8/15/2018	Dr. Wafiq Mahmud Al-Ousaj Specialist ICU Paediatric A&E - HMC HMC
Two Months - Red Reflex - Congenital Malformation	Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>	Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>		
Six Months - Vision - Red Reflex - Squint	SC <input type="checkbox"/> CC <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>	SC <input type="checkbox"/> CC <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>		
3 Years - Vision - Red Reflex - Squint	SC <input type="checkbox"/> CC <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>	SC <input type="checkbox"/> CC <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>		
Pre-School - Vision - Color Vision - Red Reflex - Squint	SC <input type="checkbox"/> CC <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>	SC <input type="checkbox"/> CC <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/>		

تتم عملية الفحص البصري الدوري للطفل من عمره سنة واحدة إلى ثلاث سنوات، ولما لم يكن قد تعلم القراءة والكتابة، كانت تترك أياه محالين على فحص طائفة من الفحوصات التي تتناول رؤية العين في أي عمر، والتي لا يمكن الاعتماد على النتائج التي تظهرها الفحوصات التي يجريها الطبيب.

Periodic vision examination is an ideal opportunity to detect vision problems with children, whenever these problems are discovered at an early stage there are greater chances of restoring sight. If you have any concerns about your child's vision or abnormal conditions of the eye or any family history of these problems, you should seek to make an assessment of this matter by an ophthalmologist in Child's health center.

Age	Right Eye	Left Eye	Date	Examination
A) New Born 1) Normal Birth - Red Reflex - Congenital malformation 2) Premature and Others - Retinal Exam	Pres <input checked="" type="checkbox"/> Abs <input checked="" type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/>	Pres <input checked="" type="checkbox"/> Abs <input checked="" type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/>		Dr. Wafiq Mahmud Al-Ousa Specialist NCU HMC 8/5/2018
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
B) Two Months - Red Reflex - Congenital Malformation	Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abn <input type="checkbox"/>	Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abn <input type="checkbox"/>		
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
C) Six Months - Vision - Red Reflex - Squint	Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abn <input type="checkbox"/>	Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abn <input type="checkbox"/>		
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
D) 3 Years - Vision - Color Vision - Red Reflex - Squint	Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abn <input type="checkbox"/>	Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abn <input type="checkbox"/>		
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			
	HC <input type="checkbox"/> OC <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/> Pres <input type="checkbox"/> Abs <input type="checkbox"/>			

التوقيع والملاحظات Signature and Remarks	التاريخ Date		الحصين ضد Imm. Against
	الثانية 2nd	الجرعة الاولى 1st	
		R003457	الخبث الوبائي (1) Hep A
	4/11/19 32970	AMJRI 704 AA	15/5/19 MMR
		R016624	
		4/11/19	الجدري المائي - Varicella
		4/11/19	MM. Penta الرباعي - Tetra
		4/11/19	كهربات الرئوية المنشطة - PCV B
		4/11/19	لقاح الأطفال الشموي - OPV B
			الثلاثي المنشطة - DTaP B
			الثلاثي - Td
			تيتانوس - Tetanus
			Others

الخط الساخن - Hotlines
(عربي) 66740951 - 66740950 (English)



جدول التحصينات
Immunization Schedule

التوقيع والملاحظات Signature and Remarks	التاريخ Date			التحصين ضد Imm. Against
	الثالثة 3rd	الثانية 2nd	الجرعة الاولى 1st	
			02/05/18 S Jorejo	الجدري BCG
			02/05/18	الكبدى الفيروسي (ب) Hep B
			13729017E 4 High Im. 11/1/18	الخماسي PENTA
	13310. 11/1/18	oral	P8310 - oral / 4/2 9/9/18	شلل الأطفال الفموي OPV
	T6756 11/1/18 RT High Im	S58700 9/9/18	8/7/2018 S58700 S Jorejo	المكشرات الرئوية PCV
	9/9/18 ARLB 7564 S Jorejo	9/9/18	8/7/2018 ARLB 7564 S Jorejo	الفيروسات العنقوية ROTA virus
	03122015 M74851V 11/1/18	9/9/18	8/07/2018 M74851V S Jorejo	السداسي HEXA

PENTA (الخماسي)، الكبد الفيروسي (ب) HBV، الدفتيرية، التيفوس، السعال الديكي DTP، هيموفيلس الفلورا Hib
 HEXA (السداسي)، الكبد الفيروسي (ب) HBV، الدفتيرية، التيفوس، السعال الديكي DTP، هيموفيلس الفلورا Hib، شلل الأطفال المعطل IPV
 TETRA (الرابعي)، السعال الديكي DTP، هيموفيلس الفلورا Hib، MMR، الحصبة Measles، الحصبة الألمانية Rubella، الخناق Mumps



مؤسسة حمد الطبية
Hamad Medical Corporation

صحة - تعليم - بحوث
HEALTH - EDUCATION - RESEARCH

H.C. No.: الرقم الصحي: **البطاقة الصحية**
HC07589579 **Health Card**

الإسم: **محمد ريان**
Name: **MOHAMED RAIHAN**
Date of Birth: **7/5/2018** تاريخ الميلاد:
Nationality: **Indian** الجنسية: **هندي**
ID No: **31835601175** 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



IMPORTANT MEDICAL DATA الأمراض المرضية الأساسية

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

BLOOD GROUP: **B+**

HEALTH CENTER: **78**

تاريخ الإصدار
12/1/2023

PHC :
Location : **70407KRN**

State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28335600164 الرقم الشخصي:
D.O.B.: 22/06/1983 تاريخ الميلاد:
Expiry: 29/07/2024 الصلاحية:
الهند الجنسية:
Nationality: INDIA
Occupation: فني المهنة:



الاسم: سحيبين اوليد

Name: SHEBIN OLEED

Passport Number: V8358421 رقم جواز السفر:
Passport Expiry: 08/05/2031 تاريخ انتهاء الجواز:
Serial No: 32028335600164 الرقم الممثل:
Residency Type: عمل نوع الرخصة:
Employer: شركة قطر غاز للتشغيل المحدوده المستقدم:
مدیر عام الإدارة العامة للجوازات توقيع حامل البطاقة
General Director of the General Holder's signature
Directorate of Passports



State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28435631329

الرقم الشخصي:

D.O.B.: 23/05/1984

تاريخ الميلاد:

Expiry: 31/12/2024

الصلاحية:

الهند

Nationality: INDIA

الجنسية:

Occupation: ربة منزل

المهنة:



الاسم: شيله عبدالله

Name: SHAHILA ABDULLA

Passport Number:

V8371147

رقم جواز السفر:

Passport Expiry:

24/08/2031

تاريخ انتهاء الجواز:

Serial No:

30628435631329

الرقم المسلسل:

Residency Type:

عائلية

نوع الرخصة:

Employer:

سحيبين اوليد

المستقدم:

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

توقيع حامل البطاقة

Holder's signature

[Handwritten signature]

[Handwritten signature: Sahibin]



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

VATHUKKAL PARAMBATH KUNHUBDULLA

माता का नाम / Name of Mother

ALIYAT ASIA KUNHABDULLA

पति या पत्नी का नाम / Name of Spouse

SHEBIN OLEED

पता / Address

MARAHABA, GOVT HOSPITAL ROAD

NUT STREET (PO), VATAKARA, KOZHIKODE

PIN: 673104, KERALA, INDIA

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

J9644870

27/09/2011

KOZHIKODE

फाइल न. / File No.

QT0074510245321



V8371147

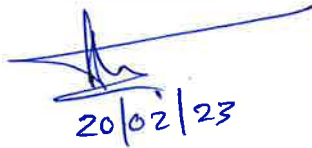
Dear Madam,

Subject: Students & Parents Surname

Regarding the admission of my son Mohamed Raihan for KG2, I received an email stating our surnames.
You can use Mohamed Raihan as (First name) and Shebin as (Surname).

Kind Regards,

Shebin Oleed



20/02/23