



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Junior Years

Bai'tul Islam Mosque, 10610 Jane Street, Maple, ON L6A 3A2, Canada  
 Email: talim.award@gmail.com Ph: 905.303.4000 x 2272

www.ahmadiyya.ca/talim  
 Fax: 905-832-3220

## National Department of Ta'lim

Registration form for Academic Achievement Awards

Student's Name: \_\_\_\_\_ Member Code \_\_\_\_\_ Year of Birth \_\_\_\_\_  
First Last

Father's Name \_\_\_\_\_ Father's Member Code \_\_\_\_\_ Gender Male   
First Last Female

Your Address \_\_\_\_\_ Jama'at \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home Phone number \_\_\_\_\_

Your Institution \_\_\_\_\_ Year Grade Completed \_\_\_\_\_

Which Level? Grade 6 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Over all mark in % \_\_\_\_\_  
 (Please circle the appropriate level)

**For Lajna/Nasirat Applicants:** Please provide in the space below a statement about the standard of your parda at school and when you move about in the society.

This is to certify that the applicant is a member in good standing with the Jama'at Yes No  
 President's Comments & Recommendations: \_\_\_\_\_

President Name & Signature: \_\_\_\_\_

President Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

For Office Use Only		For Office Use Only			
<b>Document Check List:</b>  <b>IMPORTANT: Missing any of the following Documents may disqualify your application. Please make sure that all the required documents are attached and checked. Please Note: Do not send originals as documents will not be returned</b>		Task		Checked by	Comments
		<input type="checkbox"/> Receiving Date: _____			
<b>From Grades 6 to 11</b> <input type="checkbox"/> Copy of the report card <input type="checkbox"/> Attested copy of the percentiles and class ranks <input type="checkbox"/> Copy of awards and certificates obtained at school		<input type="checkbox"/> On time: _____ Yes / No <small>(Last Date 31 March 2012)</small>			
		<input type="checkbox"/> Meet Appropriate level: _____ Yes / No			
		<input type="checkbox"/> Documents Attached _____ Yes / No			
		<input type="checkbox"/> Double Check Overall % Marks: _____			
		<input type="checkbox"/> % Meets the requirement: _____ Yes / No			
<b>Final Review</b>  <b>Date:</b> _____ <b>Reviewed by:</b> _____ <b>Comments:</b> _____		Phone Call Log			
		Phone Call Detail	Date	Called By	Response
		<input type="checkbox"/> Application Received			
		<input type="checkbox"/> Incomplete Application			
		<input type="checkbox"/> Complete Application			
		<input type="checkbox"/> Application Approval			
<input type="checkbox"/> Application Denied					

CONFIDENTIAL ONCE COMPLETED