

دَارُ الْعُلُومِ الْعَرَبِيَّةِ الْإِسْلَامِيَّةِ

DĀR AL-‘ULŪM

AL-‘ARABIYYAH AL-ISLĀMIYYAH

CAPE TOWN, SOUTH AFRICA

كِبْ تاون - جنوب إفريقيا

DUAI INĀTH STUDENT APPLICATION FORM



DUAI

DĀR AL-‘ULŪM AL-‘ARABIYYAH AL-ISLĀMIYYAH

دار العلوم العربية الإسلامية

كَيْتْ تَاوْن ، جَنْوْبْ إِفْرِيقْيَا

DUAI INĀTH STUDENT APPLICATION FORM

PERSONAL DETAILS

SURNAME		
NAME		
DATE OF BIRTH		
RSA ID NUMBER		
HOME ADDRESS		
CONTACT NUMBER		
EMAIL ADDRESS		
DEPARTMENT OF INTEREST	ARABIC & ISLAMIC STUDIES	
PARENT/GUARDIAN'S NAME		
PARENT/GUARDIAN'S CONTACT NUMBER		
PARENT/GUARDIAN'S EMAIL ADDRESS		

VISA DETAILS (INTERNATIONAL STUDENTS)

PASSPORT NUMBER	
STUDENT VISA ISSUE DATE	
VISA EXPIRATION DATE	

EDUCATION RECORD

SECULAR SCHOOL ATTENDED	
HIGHEST GRADE PASSED (YEAR)	
YEAR OBTAINED	

FURTHER SECULAR EDUCATION	
LEVEL ACHIEVED	
YEAR OBTAINED	

MADRASSAH ATTENDED	
LEVEL ACHIEVED	
YEAR OBTAINED	

FURTHER ISLAMIC EDUCATION	
LEVEL ACHIEVED	
YEAR OBTAINED	

MEDICAL RECORD

Does the applicant suffer from any illnesses or conditions that would affect her studies or her stay at the institute?	YES	
	NO	
If yes, please specify:		

TUITION FEES

Is the applicant able to pay the tuition fees of R18,000 per annum (R1,500 per month) in FULL?	YES	
	NO	
If no, is the applicant able to pay the tuition fees in PART? If yes, specify amount payable per month: _____	YES	
	NO	
I hereby undertake to pay the applicant's fees as indicated. <i>Those who have undertaken to pay the fees, either in full or part, will be furnished with periodic accounts.</i>	YES	
	NO	

Person responsible for payment of applicant's tuition fees:

Name

Signature

INDEMNITY

The applicant, or her parent/guardian in the case of a minor, hereby indemnifies the institute against prosecution in the event of accidental injury or otherwise at the institute.	YES	
	NO	

Applicant/Parent/Guardian agreeing to Indemnity declaration:

Name

Signature

TAWKĪL

The applicant, or her parent/guardian in the case of a minor, hereby appoints the Principal of the Dār al-‘Ulūm to be the unfettered wakīl [agent] to receive and disburse Zakāh or otherwise where there is eligibility on behalf of the applicant.	YES	
	NO	

Applicant/Parent/Guardian agreeing to Tawkīl declaration:

Name

Signature

I hereby declare that the information provided in this application is complete, true, and correct to the best of my knowledge.

Name

Signature

Date

PROCESSING OF PERSONAL INFORMATION

The applicant, or her parent/guardian in the case of a minor, hereby give DUAİ consent to process the applicant's personal information, in accordance with the provisions of the Protection of Personal Information Act (POPIA), for all purposes related to the carrying out of this application.	YES	
	NO	

Applicant/Parent/Guardian agreeing to POPIA clause:

Name

Signature

Date



DUAI