بسم الله الرحمن الرحيم

Application Form for *Aisha Academy Germany*

Ahmadiyya Muslim Jama'at Germany

Name:	First Name:		Last Name:		
ID Number (AIMS):		**Date of Birth:**	Day	Month	Year
Majlis:			**Region:**		
Address:	Street:	Postal Code, City:		Country:	
Phone number:	WhatsApp Number:		Mobile Number:		
E-Mail Address:					
Married: Yes ☐ No ☐	**Children:** Yes ☐ No ☐	Number of Children:	Children's Ages:		
Education:	☐ Secondary School ☐ High School	University Degree (Field of Study):	Other:		
Language Skills:	**Urdu** Reading ☐ Writing ☐	**German** Reading ☐ Writing ☐	Other languages:		
My family agrees to my participation in Aisha Academy Germany: Yes ☐ No ☐					

I hereby submit my binding application to Aisha Academy Germany. I confirm that I have read and understood the privacy policy. Furthermore, I acknowledge that the minimum participation period at the Academy is 12 months.

Place, Date, Signature: _____

Please send your application documents by post or email to:

E-Mail: aisha.akademie@lajna.de

Postal Address:

Ahmadiyya Muslim Jama'at Deutschland KdöR
Attn: Principal Aisha Academy
Reference: Application
Genfer Strasse 11
60437 Frankfurt am Main
Germany