



BORANG PENDAFTARAN IPAQ

ASAS MUQODDAM	<input type="checkbox"/>	TALAQQI MUSYAFahah BERSANAD	<input type="checkbox"/>
TAHSIN TILAWAH	<input type="checkbox"/>	KLINIK KONSULTANSI AL-QURAN	<input type="checkbox"/>
KURSUS SINGKAT	_____		<input type="checkbox"/>

PART I : PARTICULARS OF STUDENT

FULL NAME

GENDER MALE FEMALE AGE

DATE OF BIRTH IDENTITY CARD NUMBER

ADDRESS

TELEPHONE TELEPHONE (HP)

E-MAIL ADDRESS

PART II: PARTICULARS OF PARENT (FOR STUDENT AGED 17 AND BELOW)

FULL NAME

GENDER MALE FEMALE AGE

DATE OF BIRTH IDENTITY CARD NUMBER

E-MAIL ADDRESS

PART III: EDUCATION BACKGROUND OF STUDENT

SCHOOL / COLLEGE / INSTITUTION / UNIVERSITY	YEAR	
	FROM	TO

PART IV: DECLARATION

In the name of Allah, the Most Gracious, the Most Merciful

I witness that there is no God except **ALLAH SUBHANAHU WA TA'ALA**
and his Prophet **MUHAMMAD SALLALLAHU 'ALAIHI WA SALLAM** is the messenger sent by **ALLAH SUBHANAHU WA TA'ALA**
I am sincere in seeking knowledge, and only hope to obtain Allah's acceptance and pleasure.
It is not my intention to be proud of the knowledge that I gained or to gain popularity
or for worldly pleasure. If any of those intentions appear in my heart,
may **ALLAH SUBHANAHU WA TA'ALA** cleanse my heart and purify my intentions.
May the knowledge that I gained benefit me and those around me and makes me closer to **ALLAH**.
Amin.

Tandatangan

Tarikh

RECEIPT:

Nama Pegawai:

Jumlah :

Tarikh:
