Form type: A (71) Hiday	RUL HUDA ISLA				
Staff Id. Hiday	Hidaya Nagar, Chemmad, Tirurangadi, Malappuram, Kerala, India 04942463155, academics@dhiu.in, www.dhiu.in				
	ACADEMIC ST.			Affin a nasanout siza	
I. Personal History				Affix a passport size photo here.	
Name & Initial:				1	
Name of Father:			#181818181818181818181818181		
Name of Mother:			***************************************		
Blood Group:	DoB:				
	Phone No.(Resi)				
Alternative No.		E21 L1			
	Son:			Daughter:	
Permanent Home Address:					
II.Educational History					
Course/Certificate/Subject	Year of completion	Reg.No.	Univer	sity/Authority	
<u>a.</u>					
b.					
с.					
d.					
e.					
Workshops/Courses attended:					
1					
T 1 A					
Interested Activities:					
Significant voluntary works which	ch you have done:				
Details of Health disability (if ar	ny):				
Declaration: I hereby declare that, the	entries made above are correct to	o the best of my kno	owledge.	Sign:	
For Office use only Name & Place of Institution:					
		D			
Section:		Designation:			
Subject/Area/Dept.		Full / Part time			
Date of Appointment:		Date of Joining	•		
Appointed by: (Name, Designation, S	Sign, Seal)				