

Applicant Information

First Name: _____ Last Name: _____

Father's Name: _____ Grandfather's Name: _____

Primary Address:

Secondary Address:

ID Number: _____

Age: _____ Gender: _____

Marital Status: _____ Education: _____

Qualification: _____ Profession: _____

Mother Tongue: _____ Other Languages: _____

Your Phone Number: 1. _____

Two Other Family Phone Numbers: 2. _____

3. _____

E-Mail: _____

Date of Registration: _____

Signature: _____

Please call 0796 555 666 to register by telephone
Or email applications to: FekerePoolAwar@tolo.tv



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