



SAMASTHA KERALA SUNNI MAHALLU FEDERATION (SMF) STATE COMMITTEE

Samasthalayam, Chelari, P.o Thenhipalam, Malappuram - 673636

Pho: 6235292929, (0494) 2401262, 2401263 // E-mail: smfstate@gmail.com // Web: www.smfkerala.com

Mahallu Registration Form



1. Name of the Mahallu :
2. Name of the committee :
3. Place : Post :
- District : Pincode : State :
- Taluk : Mekhala :
- Village : Range : Range No. :
- Panchayath Municipality Corporation
- Name of local body : Building No. :
4. Name and full address of Muthavally or Committee :
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5. Society Registration Yes No If there is Reg. No. :
- Wakf Board Registration Yes No If there is Reg. No. :
6. Date of meeting for application for approval

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7. Information of other institution under the Mahallu committee
 - a) Details of additional Masjids under the committee
 - 1) : 2) :
 - 3) : 4) :
 - 5) : 6) :
 - b) Name and Registration number of Madrassas under the committee
 - 1) : Reg. No. :
 - 2) : Reg. No. :
 - 3) : Reg. No. :
 - 4) : Reg. No. :
 - 5) : Reg. No. :

c) Other Institutions under the committee

- 1) :..... 2) :.....
- 3) :..... 4) :.....
- 5) :..... 6) :.....

8. Number of the houses in the Mahallu :..... Muslim Population :.....

9. Do Swadeshi Dars exist.? Yes No Number of Students :.....

The above said Mahallu committee approves and follows the ideology, customs and activities of Smastha Kerala Jam-iiyathul Ulama, which is registered as S 1/1934-35, registrar’s office, Kozhikode under Societies registration act of 1984, working headquarters at Francis road, Kozhikode and strictly obeys the directions of Samastha Kerala Sunni Mahallu Federation, hence hereby request being raised to obtain approval of application.



Name of President :..... Sign :.....

House Name :..... Contact No. :.....

Name of Secretary :..... Sign :.....

House Name :..... Contact No. :.....

Place :.....

Date :.....

(SMF State Committee Members, SMF District/Taluk/Zone/Panchayath President/Secretary (Any one should certify)

Name :..... Place :.....

Position :..... Contact No. :..... Sign :.....

Office Use Only

Date of Application

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Approved Rejected

Date of Approval

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Approval No.

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Remarks

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President/Secretary :.....