

NASRUL-LAHI-L-FATIH SOCIETY (NASFAT)
NOMINATION FORM (SHURAH)

PERSONAL BIO-DATA OF NOMINATOR

NAME OF NOMINATOR: _____

BRANCH: _____ NASFAT MEMBERSHIP NO. _____

CONTACT ADDRESS: _____

TELEPHONE NO: _____ EMAIL: _____

FULL NAME OF NOMINEE: _____

POSITION: _____

BRIEF COMMENT ON RELATIONSHIP & CHARACTER OF NOMINEE: _____

SIGNATURE

DATE

Affix passport Photograph

FORM NO.....

H/Q	ZONE	BRANCH	INTERNATIONAL
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TICK ONE BOX AS APPROPRIATE

NASRUL-LAHI-L-FATIH SOCIETY (NASFAT)

NASFAT SHURAH COMMITTEE SCREENING FORM

THE SUPPLIED INFORMATION WILL BE KEPT CONFIDENTIAL AND IS TO BE USED ONLY FOR THE PURPOSE OF SECURITY SCREENING

PERSONAL BIO-DATA

1.1 FULL NAME (WITH TITLE(S) IF ANY)			
1.2 DATE OF BIRTH	1.3 PLACE OF BIRTH	1.4 GENDER	
1.5 NATIONALITY	1.6 STATE OF ORIGIN	1.7 LOCAL GOVT OF ORIGIN	
1.8 NAME OF TOWN/VILLAGE	1.9 COMPOUND NAME/STREET ADDRESS IN TOWN/VILLAGE		

CONTACT DETAILS

2.1 YOUR PERMANENT RESIDENTIAL ADDRESS	2.2 YOUR CORRESPONDENCE ADDRESS IF DIFFERENT FROM 2.1
2.3 TELEPHONE. (i)	2.4 TELEPHONE. (ii)
2.5 EMAIL	

POSITION NOMINATED FOR

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N.B

- Attach CV (Resume)
- Referee to give opinion on the nominee (1 page)
- 1 Passport and 2 Postcard 4" X 4" Photographs
- Attach the photocopy of your credentials

DETAILS OF MARITAL HISTORY (WITH OPTION FOR SPOUSES)

NAME OF SPOUSES (WITH TITLE) IF ANY	YEAR MARRIED	OCCUPATION	NAME OF EMPLOYER	OFFICE ADDRESS	RESIDENTIAL ADDRESS	TELEPHONE NUMBER

PART B

EDUCATIONAL QUALIFICATIONS

[illegible]

EMPLOYMENT HISTORY (3 MOST RECENT)

NAME OF EMPLOYER	OFFICE ADDRESS	YOUR LAST DESIGNATION/POST	YEAR	OFFICE PHONE NO.	OFFICE EMAIL ADDRESS

MEMBERSHIP HISTORY

6.1 YEAR OF JOINING NASFAT	6.2 BRANCH	6.3 MEMBERSHIP NO.
6.4 MOST RECENT LEADERSHIP POSITIONS HELD/COMMITTEES SERVED		6.5 YEAR (START/END)

MEMBERSHIP OF OTHER SOCIAL/ISLAMIC ORGANISATION (IF ANY)

7.1 SOCIETY	7.2 TOWN	7.3 CONTACT ADDRESS	7.4 YEAR (START/END)

PART C

REFEREES

NAME	ADDRESS	OCCUPATION	PHONE	EMAIL

COMMENTS OF THE NASFAT MISSIONER (YOUR LOCATION)

Name of the Branch Missioner: _____

Telephone No: _____

Comments & Signature:

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COMMENTS OF YOUR IMAM (OFFICE/RESIDENCE)

Name of Imam: _____

Telephone No. _____

Comments & Signature:

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COMMENTS ON PERIOD OF SERVICE BY THE HQ/ZONAL/ BRANCH SECRETARY

SECURITY CHECK

D1. Have you ever been convicted of any crime?_____

D2. If yes, state the nature of the crime, the Police Station, Court and year of conviction

D3. Are you currently under investigation by any agency or commission of an administrative panel of enquiry? _____

D4. If yes, state brief facts of the matter

D5. Do you have Drug history as User or Courier/Baron?_____

D6. Money Laundering? _____

CERTIFICATION

I _____ hereby certify that the information given about my person is true and devoid of any iota of falsehood.

SIGNATURE

DATE

FOR OFFICIAL USE

SECURITY SECRETARY

DATE