



# 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: smfkerala.com

## SMF Unit Registration Form

1. Name of the Unit :.....
2. Name of the committee :.....
3. Place :..... Post :.....  
District :..... Pin :..... State :.....  
Taluk/Zone :..... Range :..... Range No. :.....  
Panchayath  Municipality  Corporation   
Name of local body :..... Building No. :.....
4. Name and full address of Office :  
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.....
5. Name of President :..... Contact No. :.....  
Name of Secretary :..... Contact No. :.....  
Name of Treasurer :..... Contact No. :.....
6. Date of meeting for application for approval 

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7. Information of other institution under the Unit
  - 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 : ..... Name of Secretary : .....

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

Palce : .....

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 : .....