

# SUNNI JAM-IYYATHUL MU-ALLIMEEN

Samastha Islamic Centre, Jafarkhan Colony, Kozhikode - 6  
Ph: 0495 2772846, E-mail: sjmstatecommittee@gmail.com, web: sjmindia.org

Mekhala committee members for .....20.....20..... years

**D - FORM**

Mekhala:	Reg. No:	District:	State:
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## PRESIDENT

Name : .....	House Name : .....
Madrasa : .....	Place : .....
Place : .....	Post : .....
Post : .....	Pin : ..... Ph: .....
Pin : ..... Ph: .....	Email : .....

## GENERAL SECRETARY

Name : .....	House Name : .....
Madrasa : .....	Place : .....
Place : .....	Post : .....
Post : .....	Pin : ..... Ph: .....
Pin : ..... Ph: .....	Email : .....

## TREASURER

Name : .....	House Name : .....
Madrasa : .....	Place : .....
Place : .....	Post : .....
Post : .....	Pin : ..... Ph: .....
Pin : ..... Ph: .....	Email : .....

## IT, EXAM & WELFARE

### VICE PRESIDENT

Name : .....
Madrasa : .....
Place : .....
Post : .....
Pin : ..... Ph: .....

### SECRETARY

Name : .....
Madrasa : .....
Place : .....
Post : .....
Pin : ..... Ph: .....



No	Name of Range	Reg. No	Total Madrasa	Total Muallims	Total Students
<b>Total Ranges in Mekhala</b>			<b>Total Madrasas in Mekhala</b>		
<b>Total Boarding Madrasas in Mekhala</b>			<b>Total Muallims in Mekhala</b>		
<b>Total Students in Mekhala</b>					

## DISTRICT COUNCILLORS

1	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
2	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
3	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
4	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
5	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
6	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
7	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
8	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
9	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....
10	Name : .....	Madrasa : .....
	Place:.....	Post : .....
	Ph : .....	Pin : .....

Returning Officer : ..... Mob : .....

Address:.....

..... Date : ..... Sign : .....

NB: D ഫോം പൂരിപ്പിച്ച് ജില്ലാ ഓഫീസിൽ ഏൽപ്പിക്കുക. (ഒരുകോപ്പി മേഖല ഓഫീസിൽ സൂക്ഷിക്കുക)