Paste photo here & submit extra photo for ID card

FAMILY MEMBER FORM

Select only one where ✓ ○ ○ ○ ○ File No. ☐☐☐☐☐☐☐☐

Select multiple where ✓ ☐ ✓ ☐ ☐ Fill in BLOCK Letters

PERSONAL (Compulsory Fields)

PERSONAL ID

Paste Personal Sticker Here Stamp Safai Chitthi before giving ID card

Date of birth ○ Hijri ○ English ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y) Gender ○ Male ○ Female

○ Mulla ○ Shaikh Year of Mafsuhiyat/Haddiyat ○ Hijri ○ English ☐☐☐☐ (y y y y)

First Name ______________________

Surname ______________________

Marital status ○ Single ○ Married ○ Engaged ○ Divorced ○ Widow/Widower

E-mail ______________________

(Registration confirmation will be sent to this E-mail ID)

Date of nikah ○ Hijri ○ English ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y) ☐ On hands of Huzurala (TUS)

Title ○ NKD ○ MKD ○ NDI ○ MDH ○ NDH ○ NDF VIK ☐☐☐☐☐☐☐ (1 2 3 4 5 6 7) ☐ JB

Father's name ○ Mulla ○ Shaikh ______________ Father's surname ______________

Husband's name ○ Mulla ○ Shaikh ______________

○ Name with Raza ○ Own ○ Do not know | ☐ Aqiqa | ☐ Khatanat/Khafz (Only for ghair balig children) | ☐ Misaq ☐ On hands of Huzurala TUS

Nationality ______________

WORK

Occupation ○ Business ○ Dawat Khidmat ○ House person ○ Retired ○ Salaried/Service

○ Salaried Professional ○ Self-Employed Professional ○ Student ○ Unemployed

If service, why? ☐ Lack of financial resources ☐ Lack of know how ☐ Lack of confidence ☐ Satisfied in job

If self employed business ☐ Manufacturer ☐ Distributor/Whole Saler ☐ Trader

☐ Agent/Service Provider ☐ Exporter/Importer ☐ Suppliers ☐ Agricultural

If Self-Employed / Salaried Professional, you are ☐ CA ☐ Management Consultant ☐ Doctor/Dentist ☐ Teacher

☐ Engineer ☐ Architect ☐ Journalist ☐ Lawyer

Sub-category of Business / Profession / Service ___________, ___________, ___________, ___________, ___________ (Please Specify)

(Refer to Master - M1 on Page 4 of HOF Form)

Name of Establishment / Employer ______________

Work Telephone 1 ____________ Work Telephone 2 ____________ Fax Work ____________

Website ______________ Mobile ____________

Keep Dari ○ Yes ○ Trimmed ○ No

Wear Topi ○ Always ○ Sometimes ○ Never

Wear Rida ○ Always ○ Sometimes ○ Never

Involved in Interest ○ Yes ○ No If Yes ☐ Giving ☐ Taking

Moharramaat ☐ Drugs ☐ Sharab ☐ Cigarette ☐ Tobacco ☐ Jugar

Safai Chitthi ○ Green ○ Yellow ○ Red ○ Not obtained

	Member of Organization	Position		Member of Organization	Position
1			4		
2			5		
3			6		

(Refer to Master - M3 on Page 4 of HOF Form for Global Organization & Master on the Website for Local Organization)

HEALTH

Height ☐☐ Ft. ☐☐ Inch Weight ☐☐☐ Kgs.

Health ○ Healthy ○ Sick ○ Very sick | If sick or very sick ○ Under treatment ○ No treatment

If sick & no treatment, reason ○ Financial ○ Lack of facility ○ Lack of guidance

Blood group ○ A +ve ○ A –ve ○ AB +ve ○ AB –ve ○ B +ve ○ B –ve ○ O +ve ○ O –ve

Health Problems ☐ Diabetes ☐ Blood pressure ☐ Knee pain/Back pain ☐ Eye problem ☐ Dental problem

☐ Hearing problem ☐ Acidity ☐ Asthma ☐ Kidney problem ☐ Osteoporosis

☐ Heart disease ☐ TB ☐ Cancer ☐ Physically challenged ☐ Other ______________ (Please Specify)

EDUCATION

Recite Quran Majeed ○ Daily ○ Sometimes ○ Cannot recite

Quran Majeed Hifz ☐ Val Asre ☐ La Uqsemo ☐ 30th Sipara ☐ 29th Sipara

☐ 1st Sipara ☐ Other Sipara ____, ____, ____, ____, ____, ____, ____, ____, ____ (Please specify)

Vuzoo Doa Hifz ○ Yes ○ No | Namaz Doa Hifz ○ Yes ○ No

Sabaq ○ Zahir ○ Taweel ○ Haqiqat ○ Not attending

Lisan Ud Dawat ○ Speak ○ Cannot speak ☐ Read ☐ Write

Languages spoken _____, _____, _____, _____, _____ (Please specify)

Educational qualification ○ Primary ○ Secondary ○ Under graduate ○ Graduate ○ Post-Graduate

Degree/Diploma _____

Dini educational qualification ○ DC ○ Mubtagil Ilm ○ Al Faqih ○ Al Faqih Ul Mutkin ○ Al Faqih Ul Jayyed

ONLY FOR STUDENTS

Name of School/College

(Refer to School / College Master on the Website)

Medium of education

Dini Talim Std. _____ (Please Specify) ○ Dini Madaris ○ Private ○ Not obtaining

If private enter name of tutor

If not obtaining reason why? ○ Cannot afford fees ○ Facility not available ○ Negligence

UMOOR DINIYAH

Haj ○ Own ○ Badal ○ Both

☐ Umra ☐ Karbala ☐ Qahera ☐ Shaam ☐ Jordan ☐ Yemen ☐ Baitul-Muqaddas

Qadambosi ○ Yes ○ No If Yes Hijri Year of Last Qadambosi

Deedar of Huzurala TUS ○ Yes ○ No If No ○ Financial ○ Lack of awareness

Done Ziyarat of Raudat Tahera ○ Yes ○ No If No ○ Financial ○ Lack of awareness

	All	Some	None
Ziyarat of Hindustan Dua'at (R.A.)	○	○	○
Attend Majalis	○	○	○
Shehrullah Roza	○	○	○

Namaaz ○ Always ○ Sometimes ○ Never

Tasbih ○ Daily ○ Sometimes ○ Never

Recite Dua ○ Daily ○ Sometimes ○ Never

Awareness of Tahārat	Fully	Partially	Not Aware
Clothing (Asyab)	○	○	○
Jism (Abdan)	○	○	○

Select any one from each vertical box

Ashara	1425	Mumbai 1424	Indore 1423	Houston 1422	Surat 1421	Colombo 1420	Nairobi 1419	Surat 1418	Karachi 1417	Mombasa 1416	Mumbai 1415
Attended 9 days with Huzurala TUS	○	○	○	○	○	○	○	○	○	○	○
Attended few days with Huzurala TUS	○	○	○	○	○	○	○	○	○	○	○

	1425	1424	1423	1422	1421	1420	1419	1418	1417	1416	1415
Attended 9 days with Aamil Saheb/Mamur	○	○	○	○	○	○	○	○	○	○	○
Attended 6th onwards	○	○	○	○	○	○	○	○	○	○	○
Attended only Ashura whole day	○	○	○	○	○	○	○	○	○	○	○
Attended only Ashura Day afternoon	○	○	○	○	○	○	○	○	○	○	○
Not attended Ashura Day	○	○	○	○	○	○	○	○	○	○	○

If Not Attended 1424 Ashura Day reason why ? ○ Sick ○ Exams ○ Travelling ○ Other

Select any one from each vertical box

Lailatul Qadr	1424	1423	1422	1421	1420	1419
With Huzurala TUS full night	○	○	○	○	○	○
With Aamil Saheb/Mamur full night	○	○	○	○	○	○
With Aamil Saheb/Mamur Till Vasilah	○	○	○	○	○	○
Not attended	○	○	○	○	○	○

Attended Zikra ☐ 1424 ☐ 1423 ☐ 1422 ☐ 1421 ☐ 1420 ☐ 1419

FOR OFFICE USE ONLY

○ Baite Zaini ○ Khidmat Guzar Category

(Refer to Master - M3 on Page 4 of HOF Form)

Form filled by _____ (name) _____ (date & sign)

Data entered by _____ (name) _____ (sign)

Approved by _____ Aamil Saheb / Secretary _____ (date & sign)

Jamaat/Tanzeem (Rubber Stamp)

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