



SHREE HINDU MANDAL

DAR ES SALAAM
HOSPITALS | SCHOOLS | WELFARE

P O Box 581 | Dar es salaam | Tanzania
022 2114991-4 | secretary@shm.or.tz | www.shm.or.tz



CANDIDATE APPLICATION FORM

To be filled by an individual from the member Community/institution vying for a post in the Executive Committee / Board Of Trustees and submitted to the Governance Committee by email: secretary@shm.or.tz Non-Tanzanian candidate will be required to obtain necessary permissions from Government Authorities to serve in any of the Honorary positions.

POSITION ✓ please tick

- | | | |
|--|--|---|
| <input type="checkbox"/> Chairman | <input type="checkbox"/> 3 rd Vice Chairman | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> 1 st Vice Chairman | <input type="checkbox"/> Secretary General | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> 2 nd Vice Chairman | <input type="checkbox"/> Treasurer | |

1. CANDIDATE'S PERSONAL DETAILS	
1.1. Full Name of Candidate	
1.2. Post Box Number	
1.3. Physical Address	
1.4. Telephone Contact	
1.5. Email address	
1.6. DOB	
1.7. Nationality	
1.8. Proof of Nationality: ✓ <input type="checkbox"/> Passport <input type="checkbox"/> NIDA <input type="checkbox"/> Voters Card	Document type: Number: Issue Date: Expiry Date:
1.9. For Non Tanzanians: Proof of Residence: ✓ <input type="checkbox"/> Dependant Pass <input type="checkbox"/> Residence Permit	Document type: Number: Issue Date: Expiry Date:
1.10. Since when have you been a resident of Tanzania ?	
1.11. Marital Status	
1.12. Occupation	



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2. CANDIDATE'S NOMINATION BY HONORARY COUNCILOR To be filled by either Chairman or Secretary of the member Community/Institution	
2.1	Full Name of Community/Institution
2.2	Name of Chairperson
2.3	Telephone Contact
2.4	Signature of Chairperson
2.5	Name of Secretary
2.6	Telephone Contact
2.7	Signature of Secretary

3. EDUCATION BACKGROUND Write your qualifications and academic achievements in chronological order	
Years: From - To	Qualification attained

4. CURRENT WORK/BUSINESS DETAILS	
4.1	Name of Organization
4.2	Your position
4.3	Since when did you join this organization ?
4.4	Telephone Contact
4.5	Email address



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5. SOCIAL & COMMUNITY SERVICES	
Write your current or past involvement in serving the society or community	
Years: From - To	Position held

6. STATE REASONS WHY ARE YOU APPLYING FOR THIS POSITION

7. HISTORY OF TERMINATION/EXPULSION OR RESIGNATION
If YES, please give explanation below



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8. ANY OTHER INFORMATION

9. DECLARATION BY THE CANDIDATE	PHOTO OF CANDIDATE
<input type="checkbox"/> I declare that all the information provided above are true to the best of my knowledge at the time of signing this application.	
<input type="checkbox"/> I understand that any false information will disqualify my application.	
<input type="checkbox"/> I allow the Governance Committee to make inquiries, as necessary, to verify the above information.	
9.1 Name	
9.2 Signature	

FOR OFFICIAL USE			
Application Received date		Documents verified	
Received by			
Notes			