



THE HINDU COUNCIL OF TANZANIA

P O Box 581, Dar Es Salaam, Tanzania
Tel: +255 688 428 428; email:secretary@hinducounciltz.org
www.hinducounciltz.org

INTRODUCTION

Dear Hindu,

This form is circulated for collecting informations of all Hindu's in Tanzania with an aim of making a Hindu Database and also to make a Hindu Directory. These information will help us to keep track of all the Hindu Communities and their members. Such census would equip our Hindu institutions to serve you better.

Please fill the form below and return back to councilors of The Hindu Council of Tanzania representing your community.

Councilor Name: _____ Contact No. : _____

Councilor Name: _____ Contact No. : _____

INSTRUCTIONS

1) Fill the forms in **BLOCK LETTERS** (except for email address and website)

2) **MARKS** (indications)

* = **Mandatory Field**

P = **Will be Published**

P() = **tick if you wish to publish information**

3) # Please fill **PART F to H** for each business you own.

4) Regardless of the age, each and every family member should fill this form.

NOTE

1) The Directory will contain a business listing section whereby your business contact info [PART F to H] will be published.

2) Only Head Of Family's name and Contact Information will be printed in the Directory. Family members names and other information will not be published.

SAMPLE OF THE PUBLISHING INFORMATION


ABC KUMAR,
Tel: +255 (22) XXXXXXX
Fax: +255 (22) XXXXXXX
Mob: +255 (XX) XXXXXXX
Email: abc@hotmail.com



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(PART A) PERSONAL INFORMATION

Community Name:		*	
Last (Sur) Name:		*P	
First Name:		*P	
Middle Name:		*P	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	*	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	*	
Blood Group:			
Date of Birth:		*	
Place of Birth:		*	
Nationality:		*	
Qualification:		*	

(PART B) DEPENDANCY DETAILS

Dependancy Status	<input type="checkbox"/> Family Head <input type="checkbox"/> Dependant	*
<i>If Dependant then Head Name</i>		
Last (Sur) Name:		*
First Name:		*
Middle Name:		*

(PART C) OCCUPATION DETAILS

<input type="checkbox"/> House Wife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed (Freelancer) <input type="checkbox"/> Entrepreneur	*
<i>If Student then</i>	
School / Institute:	*
Class / Course Name:	*
<i>If Employed then</i>	
Company Name:	*
Designation:	*
<i>If Self Employed (Freelancer) then</i>	
Service Provided:	*
<i>If Entrepreneur then please fill PART F to H of this Form on Page 3</i>	

(PART D) PHYSICAL ADDRESS

House No:	P	Plot No:	*P
Street Name:	*P	Area:	*P
District / Town:	*P	Region:	*P

(PART E) PERSONAL CONTACT DETAILS

P.O. Box:		*
Tel (Land Line) Res.:	1. P 2. P	
Tel (Land Line) Off.:	1. P 2. P 3.	
Mobile	1. *P 2. P 3. 4.	
Fax:	1. P 2. P	
Email	1. * 2. 3.	



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(PART F) BUSINESS INFORMATION

Company Name:		*P
Company Type:	<input type="checkbox"/> Sole proprietors <input type="checkbox"/> Partnerships <input type="checkbox"/> Limited <input type="checkbox"/> Other	*
No. of Employees:		*
Year of Establishment:		*
Type of Business:		*P

(PART G) PHYSICAL ADDRESS OF THE REGISTERED MAIN OFFICE

Office No / Floor No:	P	Plot No:	*P
Street Name:	*P	Area:	*P
District / Town:	*P	Region:	*P

(PART H) BUSINESS CONTACT DETAILS

P.O. Box:		*
Tel (Land Line)	1.	2.
	3.	4.
Mobile	1.	2.
	3.	4.
Fax:	1.	2.
Email	1.	
	2.	
	3.	
Website:		

I confirm the above information is correct to the best of my knowledge.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

COUNCILOR SIGNATURE: _____ DATE: _____

DATA COLLECTOR SIGNATURE: _____ DATE: _____

MEMBER ID NO: _____

DATA ENTRY DATE: _____