



Form – A

Location details:

Date:

1	State	Karnataka
2	Division	Mysuru
3	MP Constituency	
4	District	Mysuru
5	MLA Constituency	
6	Taluk	
7	Urban/ Rural	
8	Municipal Ward No.	
9	Taluk Panchayat	
10	Grama Panchayat	
11	Village	
12	Address:	
13	Geo Co-ordinates:	
	Latitude:	
	Longitude:	

Authorized by
(Seal and Sign)

Approved by
(Seal and Sign)

Form – B

Institution details:

1	Name of the Institution:	
2	Address:	
3	G.N. No & Date	
4	C.R No. & Date	
5	Court Judgement Order	
6	Waqf ID	
7	Property ID	
8	Institution Type	a) Registered (), b) Un-registered ()
9	Classification	a) Sunni (), b) Shia ()
10	Management type	a) Managing Committee () b) Adhoc Committee () c) Direct Management-Administration () e) Self-Styled ()

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Form - C



Main/Sub Institutions:

Sl. No	Items	Details	Qty.
1	Property Details		
2	Survey No/Assessment No:		
3	Katha No.		
4	Municipal No.		
5	Extent of Land in Acre / S.Ft / Sq. Yard:		
	North to South		
	East to West		
	Total		
6	Boundaries:		
	North		
	South		
	East		
	West		
7	Estimated Value		
8	Property ID		
9	Asset Type: (Selection)		
	Agricultural/Shop/Plot/ Building/House/Mosque/ Madrasa/School/Darululoom/ Idgah/Musafirkhana/ Khankaha/Imambara/Chowki/ Karbala/Darga/Mazaar/Makbara/ Ashoorkhana/Chilla/Graveyard/ HujraTakiya/Maktab/Illegal/Others		
10	Present Status of Asset: (Selection)		
	Alienated/Encroached (Extent, Boundaries)/Cases if any (WAC,DC,WT,DC,HC,SC)/ Non-encumbered/ Unknown/Others		
11	Litigations:		
	a) Litigation if any related to management: KWT/HC/SC		
	b) Litigation if any related to asset: U/S 52, U/S 54, KWT, U/s 83 (2) Sec 6, U/s 83 (2) Sec 7, U/s 83 (2) Sec 40		
12	Geo Stamped Images:		

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(Seal and Sign)



Form -D

Attribute list covering Institutional management details:

Managing Committee () Adhoc Committee () Direct Management-Administration () Self-Styled () (Tick any one)									
Waqf Institution Name:						URL:			
Gazette Notification No:						Registration Certificate/ Order No:			
Commencing Date: ____/____/____ Date of Expiry of Managing Committee: ____/____/____ E-mail Id: _____									
Bye-Laws-Approved by KSBA/Not approved/Court Scheme:									
Approval No:						Date of Approval: ____/____/____			
Sl. No	Designation	Name	Contact Details	Appointment Type	Order No and date of Constitution	Tenure		Photo (Yes/No)	Remarks
			Mobile No.	Selection/Election/ Hereditary/Custom / Constituted by KSBA		From date	To date		
1	President								
2	V. President (1)								
3	V. President (2)								
4	Secretary								
	Joint Secretary								
5	Treasurer								
6	Member (1)								
7	Member (2)								
8	Member (3)								
9	Member (4)								
10	Member (5) Member (30)								



Form -E

District WAQF Advisory Committee:

Name:

URL:

Approval No: Registration/Order No:

Date of Registration: ____/____/____ Date of Expiry: ____/____/____ E-mail Id: _____

Sl. No	Designation	Name	Contact Details	Appointment Type	Appointment Date	Tenure		Photo Yes/No	Remarks
			Mobile No.	Selection/Election/Hereditary/Custom/Constituted by KSBA		From date	To date		
1	Chairman								
2	V. Chairman(1)								
3	V. Chairman(2)								
4	V. Chairman(3)								
5	V. Chairman(4)								
6	Member (1)								
7	Member (2)								
8	Member (3)								
9	Member (4)								
10	Member (5)								
								
	Member (30)								