Annexure -A

(Certificate to be used by a Member of Parliament/Member of Legislative Assembly / Municipal Councillor or Gazetted Officer under sub-rule (4) of rule 114 of the Incon

pl aloed with the state of the

(To be attested by issuing authority with his/her signature & rubber stamp appearing half on the photograph and half on the certificate)

NAME	Seemo
Father's Name (even in case of married ladies father's name is to be provided)	Mohammad Mushton
Date of Birth	
Residence Address (if applicant has resided at more than one place during last one year then all such address with dates should be mentioned)	Dhobbahat Chowk, Jamalpura Road, Malerkotla
Office Address	
Applicant Previous Name (in case of change in name)	Naseem Akhtar
Applicant Fathers Previous Name (in case of change in Fathers name)	

Details of issuer of certificate

Office address with location

भागनीहेट पुडेमव भागवाची वाराता

Date:

61-07-2024

Place:

Malercolla

(Signature)

Full Name: MOHAMMED SHAKEEL

Designation: Associate Professor

Department/Organisation/Constituency:

Identity card No:

(Enclose a photocopy of I-card)

. STOS cased

Telephone: 01675-253016

Mobile:



COMPANDIANO REPLANTA

GOVT COLLEGE MALEDVOTIA 440000

ID NO. 2497

IDENTITY CARE



Name : Dr.Mohammed Shakeel
S/W/D/.o. : Shri Abdul Lateef
Designation : Associate Professor
Department : PG Deptt. of Commerce

Principal Govt College Malerkotla

Blood Group B+

D.O.B 9/9/1966

Home Address: 467-B Janta Nagar, Malerkotla

E-mail. mumtazshakeel@gmail.com

Phone (O) 01675-253016 Mobile 9417319420

Identifiation Mark Cut mark on left arm

The Loss of this should be reported to the office immediate if found, please report to the undersigned immediately. Head Office: D.P.I. © Pb. Chandigarh