



HINDU TEMPLES DATABASE PROJECT

Nationwide Temple Survey Form 2009

NOTES:

1. Please complete this form and fax it to **03 – 7784 7304**, attentioned to **HTDP Committee**. Alternatively, you may drop this form at your nearest MHS office for them to fax it on your behalf.
2. Kindly give us **3** working days to update the details you send us before checking if the details have been posted online.
3. The form is deemed incomplete if sections marked in red are not completed. Please note that incomplete forms will not be entertained.
4. Please ensure all details are written in capital letters.

SECTION 1: LOCATION

1. Temple Name: _____ *Name of temple in full, as displayed at entrance of temple*
2. Presiding Deity: _____ *The main deity of the temple, e.g. Sri Sithi Vinayar Temple's would be Lord Vinayagar.*
3. Address: _____ *Postal address of the temple/shrine*
Town/City: _____ Mukim: _____ District: _____
Postcode: _____ State: _____ Local Area Authority: _____
e.g. Majlis Perbandaran Klang
Estate (if relevant): _____
4. Telephone No: _____ Fax No: _____
Email: _____ Website/URL: _____
5. **Ownership of Land:** Please select any one of the options below:
 - a. Temple Owned
 - b. Third Party Owned
 - c. Ownership Unknown
 - d. Government Land (Assigned)
 - e. Government Land (Unassigned)

a. Temple Owned: Temple owner or association legally owns the land on it's own.
b. Third Party Owned: Non-government body or person (Property developer, etc.) has given and allocated the land for the temple as a space for religious worship
c. Ownership Unknown: self-explanatory.
d. Govt Land assigned: Land given by government for the purposes of temple worship.
e. Govt Land unassigned: Land that belongs to the government, but not legally given to the users by any official, legal government machinery or documentation.
6. Land Area Size: _____ m² Year of Establishment: _____ *e.g. 1975*
**If unknown, please leave blank.*

SECTION 2: TEAM

1. Temple Chairperson/President/Responsible Officer's Name: _____

Contact Number: _____ E-mail address: _____

2. Temple Secretary/Alternate Responsible Officer's Name: _____

Contact Number: _____ E-mail address: _____

3. Current Committee Service Period : from _____ to _____
dd/mm/yyyy dd/mm/yyyy

4. Main Administrative Staff: Please circle accordingly if the temple has the following staff:

- | | | | |
|-------------|----------|--------------------------|----------|
| a. Clerk | YES / NO | c. General Worker/Others | YES / NO |
| b. Cashiers | YES / NO | | |

5. Main Professional Staff: Please circle accordingly if the temple has the following staff:

- | | | |
|----------------------------|----------|-------------------------|
| a. Priest | YES / NO | If yes, LOCAL / FOREIGN |
| b. Musicians | YES / NO | If yes, LOCAL / FOREIGN |
| c. Religious Worker/Others | YES / NO | If yes, LOCAL / FOREIGN |

SECTION 3: REGISTRATION

1. Registration: REGISTERED / NOT REGISTERED

Please circle accordingly. If not registered, please go to item 4 immediately.

2. Type of Registration : ROS / CCM* / OTHERS (Please State: _____)

* CCM includes temples under trusteeship

3. Registration Number: as appears on the certificate 4. Registration Date: as appears on the certificate

5. Name of Organisation*: e.g. Pertubuhan Penyokong-penyokong Kuil Muniswarar Klang

*Organisation taking responsibility of temple/Name appearing on registration certificate

OTHER RELEVANT INFORMATION*: Every 3 months, we give food to the surrounding community

*Special Occasions/Celebrations and estimated crowds

(anandhanam) in our compound. Roughly 300 people from around the vicinity participate either as volunteers or guests.

Member of Malaysia Hindu Sangam : YES / NO If yes, Membership No. : _____

Local MHS Council: _____ Other Religious Council: _____

Average Number of Devotees/week: _____ Photo: _____

(Please attach photo, if any,
with the form when you submit
it to the nearest MHS office)

Survey Conducted By: P. Poobalan

Date Done: 24/04/2009

Contact No: 012 345 6789

E-mail Address: poobalan@hindusangam.com