EC 9E

INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

SUBMISSION OF NAMES OF CANDIDATES BY POLITICAL PARTY

20..20..... STATE HOUSE OF ASSEMBLY ELECTION

KWARA STATE

POLITICAL PARTY AFRICAN DEMOCRATIC CONGRESS (ADC)

S/N	CONSTITUENCY	NAME OF CANDIDATE	AGE	SEX	PWD	ADDRESS	EDUCATIONAL QUALIFICATION(S)	REMARKS
1	PATIGI	Zubairu Shaaba Musa	28	M	—	Gadagwora Patigi kwara state	FSLC NECO Community Health Diploma	SHA
2								
3								
4								

18 FEB 2020

SIGNED: _____ National Chairman

SIGNED: _____ National Secretary

* Please attach sworn affidavit (**EC 9**) of each candidate.
* Political parties shall mandatorily sponsor candidates who satisfy the statutory age qualification required for respective elective office(s).

EC 9

INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

AFFIDAVIT IN SUPPORT OF PERSONAL PARTICULARS

Particulars of Persons seeking election to the Office/Membership of:

PRESIDENT ☐ VICE PRES. ☐ GOV. ☐ DEP. GOV. ☐

SEN. ☐ REPS. ☐ SHA ☑ CHAIRMAN A/C ☐

VICE CHAIRMAN ☐ COUNCILLOR A/C ☐

Tick as appropriate

18 FEB 2020

CONSTITUENCY: PATIGI CODE: SC/613/KW

STATE: KWARA CODE: 23

FCT: ..... CODE: .....

Affidavit in support of particulars of persons seeking Election to the office of President, Vice President, Governor, Deputy Governor, Senate, House of Representatives, State House of Assembly, Chairman, Vice Chairman or Councilor of Area Council.

I, ZUBAIRU SHAABA MUSA ..... hereby make oath and declare that I am the person seeking election into the office of STATE ASSEMBLY in the ..... PATIGI ..... Constituency and the particulars given hereunder are correct, true and to the best of my knowledge.

PART A

Office contested for: ..... STATE HOUSE OF ASSEMBLY .....

Name of Constituency: ..... PATIGI ..... Code ..... SC/013/KW .....

Name of Political Party: ..... AFRICAN DEMOCRATIC CONGRESS ..... Party membership No. ..... 240 .....

(Please attach a copy of Party membership card)

PART B

A PERSONAL PARTICULARS

1. Surname (in Block Letters): ..... ZUBAIRU .....
2. Other Names (in block letters) ..... SHAABA MUSA .....
3. Former name(s) .....
4. Date of Birth 14/03/1992 Age 28 ..... (Candidate shall comply with the statutory age required for the elective office sought. Birthplace ..... GADAWORO .....
5. Residential Address ..... SHAABA'S COMPOUND GADAWORO ..... PATIGI .....
6. Occupation ..... TRADING .....
7. Telephone No 08058898633 ..... E-mail Address .....
8. Are you a person with disability ..... NO .....
9. Nationality ..... NIGERIA .....
10. Have you voluntarily in the past changed Nationality? YES ☐ NO ☑ if Yes, what was your former Nationality? .....
11. Have you voluntarily acquired citizenship of any other country? YES ☐ NO ☑ If Yes, which country? .....
12. Have you made a declaration of allegiance to that or any other country? YES ☐ NO ☑ If Yes, Specify the country .....

(Attach evidence)

18 FEB 2020

C. SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES

Attach evidence of all educational qualifications

S/N	SCHOOL	QUALIFICATION	YEAR
1	PRIMARY	P1 LEAVING CERTIFICATE	JULY 2000
2	SECONDARY	NECO	2011
3	HIGHER	COMMUNITY HEALTH DIPLOMA	2016

D (I) WORKING EXPERIENCE WITH DATES

NAME OF EMPLOYER	PERIOD OF WORK	REASONS FOR LEAVING (PLEASE ATTACH EVIDENCE)
—	—	—
—	—	—
—	—	—

(ii) Have you ever been dismissed from the Public Service of the Federation, State or Local Government/Area Council? YES ☐ NO ☑ If Yes, give details

.....

.....

.....

.....

E GENERAL

1. Have you ever been adjudged a lunatic or declared to be of unsound mind?
YES ☐ NO ☑ If Yes, give details

.....

.....

.....

.....

2 Are you under a sentence of death, imprisonment or fine, for any offence involving dishonesty or fraud or any offence imposed by a Court or Tribunal? YES ☐ NO ☑ If Yes, give details.

.....

.....

.....

3. Have you in the last ten years been convicted and/or sentenced for an offence or dishonesty?
YES ☐ NO ☑ if Yes, give details.

.....

.....

.....

18 FEB 2020

4. Have you ever been involved in any bankruptcy proceedings? YES ☐ NO ☑ If yes, give details.

.....

.....

.....

5. Have you ever been convicted by the Code of Conduct Tribunal? YES ☐ NO ☑
If Yes, give details

.....

.....

.....

6. Have you ever presented forged Certificate(s) to INEC? YES ☐ NO ☑ If Yes, give details.

.....

.....

.....

7 Do you or have you ever belonged to a Secret Society? YES ☐ NO ☑ If Yes, give details.

.....

.....

.....

8 Give any information about your person .....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

18 FEB 2020

EC 9E

INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

SUBMISSION OF NAMES OF CANDIDATES BY POLITICAL PARTY

20..20.... STATE HOUSE OF ASSEMBLY ELECTION

KWARA STATE

POLITICAL PARTY AFRICAN DEMOCRATIC CONGRESS (ADC)

S/N	CONSTITUENCY	NAME OF CANDIDATE	AGE	SEX	PWD	ADDRESS	EDUCATIONAL QUALIFICATION(S)	REMARKS
1	PATIGI	Zubairu Shagba Musa	28	M	—	Gadagworo Patigi Kwara State	FSLC NECO Community Health Diploma	SHA
2								
3								
4								

18 FEB 2020

SIGNED: _____
National Chairman

SIGNED: _____
National Secretary

* Please attach sworn affidavit (**EC 9**) of each candidate.
* Political parties shall mandatorily sponsor candidates who satisfy the statutory age qualification required for respective elective office(s).

17/2/2020

F. DECLARATION BEFORE A COMMISSIONER FOR OATHS IN THE HIGH COURT

I hereby declare that all the answers, facts and particulars I have given in this Form are true and correct, and I have, to the best of my knowledge, fulfilled all the requirements for qualification for the office I am seeking to be elected.

DEPONENT

Sworn to at the (State/High Court) Registry ..Fed. High court, Ilorin.....

This .....17th.....Day of.....Feb.....20.....20.....

BEFORE ME

COMMISSIONER FOR OATHS

COMMISSIONER FOR OATHS
FEDERAL HIGH COURT
ILORIN.

FEDERAL HIGH COURT, ILORIN
PAID
17/2/2020
DATE
CASHIER'S OFFICE

paid on
1503787726 19
R.

18 FEB 2020

KWARA STATE OF NIGERIA

PATIGI LOCAL GOVERNMENT

EDUCATION AUTHORITY

Patigi, Kwara State, Nigeria

Every Child Counts

CERTIFICATE OF PRIMARY SCHOOL ATTENDANCE

No: 1281

This is to certify that

Name ZUBAIRU SHAIBA MUSA

Nationality NIGERIAN Tribe NUPE

Place of Birth GBAWORO LGA PATIGI

Date of Birth 14TH-03-1982

Attended:

LOCAL GOVT EDUCATION AUTHORITY Primary School

From SEPTEMBER 1994 To JULY 2000 Where, he/~~she~~

Completed his/~~her~~ Primary Education.

HEADMASTER'S / HEADMISTRESS REPORT

This is to certify that the above named Pupil has completed the year SIX in Class 6 with a minimum of 75 Percent Attendance.

His/~~Her~~ Admission No. 485

Order of Merit, Final Year 3RD Place out of 33

1.	English	Good	~~Average~~	~~Weak~~
2.	Mathematics	Good	~~Average~~	~~Weak~~
3.	SocialStudeies	Good	~~Average~~	~~Weak~~
4.	Basic Science	Good	~~Average~~	~~Weak~~
5.	Sense of Responsibility	Good	~~Average~~	~~Weak~~
6.	Outdoor Activities	FARMING		
7.	Post of Responsibility held	HEALTH PREFECT		
8.	General Conduct	SATISFACTORY.		

I hereby recommend him/her for any gainful employment/further Education

L.G.E.A. SCHOOL

Headmaster/Headmistress Sign. & Stamp

H/M

Date DATE 10/7/2000

Secretary L.G.E.A. Office PATIGI

Education Secretary Sign. & Stamp

Date

18 FEB 2020

COLLEGE OF HEALTH TECHNOLOGY 135, EZZANGBO.
P.M.B 177 ABAKALIKI, EBONYI STATE.

Statement of Result.

NAME: SHAABA MUSA ZUBAIRU

CADRE: Community Health Extension Worker (Diploma)

EXAMINATION NUMBER: B/052/046/16F

EXAMINATION: CHPRBN AUGUST/SEPTEMBER 2016

YEAR OF ENTRY: 2013 YEAR OF GRADUATION: 2015

PAPER	SUBJECT STUDIED
PAPER I	Professional Ethics Introduction to Med. Sociology Information, Education and Communication (I.E.C) Introduction to Primary Health Care Introduction to Psychology Advocacy, Situation Analysis and Community Diagnosis Introduction to Pharmacology Management of Essential Drugs Referral System and Outreach Services **Percentage Scored: 83**
PAPER II	Human Nutrition Use of Standing Orders Clinical Skills I Immunity and Immunization Anatomy and Physiology Introductory Microbiology Clinical Skills II Human Resource Training Primary Health Care Management Accounting system in P.H.C Health Management Information System (HMIS) Health Statistics **Percentage Scored: 86.5**
PAPER III	Environmental Health Reproductiove Health Oral Health Child Health/IMCI Occupational Health Safety Community Mental Health School Health Programme Communicable and Non Communicable Diseases Accidents and Emergencies Community Ear, Nose and Throat Care Community Eye Care Care of the Aged (Geriatics) Care of the Handicap **Percentage Scored: 88.5**

Mark Scored in Oral: 15

Number of Attempts: 1ST

Percentage Scored in Practicals: 80

Total Percentage Scored in Exam: 82.1

Overall Remark: DISTINCTION

18 FEB 2020

15 FEB 2017

NATIONAL EXAMINATIONS COUNCIL (NECO)

RESULT CHECKER

Single Candidate

minations Council (NECO)

tern Bye Pass, P.M.B 159, Minna, Niger State, Nigeria.

AIRU SHAABA MUSA

Last Name:	ZUBAIRU	Exam No:	40682601CC
Other Names:	SHAABA MUSA	Exam Year:	2014
Center No:	0190371	Exam Type :	JUN/JUL
Centre Name :	SENIOR SECONDARY SCHOOL,NDANAKU		
*Card PinNo:	21246		
Card Usage:	You Have logged in time(s)		

* Please note that only the last five (5) characters of the Card PIN is displayed.

	Subject	Grade	Remark
1	English Language	C6	CREDIT
2	Mathematics	C6	CREDIT
3	Civic Education	C5	CREDIT
4	Biology	C6	CREDIT
5	Chemistry	C6	CREDIT
6	Physics	D7	PASS
7	Agricultural Science	C6	CREDIT
8	Islamic Studies	C5	CREDIT
9	Economics	C5	CREDIT

18 FEB 2020

STATUTORY DECLARATION OF AGE

I ZUBAIRU SHA'ARA M of SHA'ARA's COMPOUND GADA WARD do solemnly and sincerely declare:-

1. That my age is 25 years
2. That i am the NATIVE of GADA WARD (State Relationship) PATIGI IN KWARA STATE
3 That to the best of my knowledge and belief the said ZUBAIRU SHA'ARA MUSA. Was born at GADA in PATIGI L.G.A. division of KWARA State of Nigerian on the 14 Day of MARCH 20 1992
4. That at the time his/her birth was not registered at .....
5 That I make this solemn declaration conscientiously believing the same to be truth and correct by the virtue of the provision of the Oath act, 1963.

2nd/5/2017

Signature or mark of Declaration

I certify that the above declaration has read and interpreted to the declarant and that he/she appear clearly to understand the same and affixed and his/her mark to it in my presence.

.....20.....

Signature of Interpreter

Sworn into at the shariah Court Registry, Patigi Kwara State

2nd day of May 2017

Before Me

SHARIAH COURT OF APPEAL Sign ..... Date ..... LAFIAGI, KWARA STATE

18 FEB 2020

PATIGI LOCAL GOVERNMENT

PATIGI

Ref No.

CONFIRMATION OF KWARA STATE ORIGIN

TO WHOM IT MAY CONCERN

This is to certify that from investigation made

I hereby confirm that ZUBERU SHA'ABA MUSA *is a native of* GADA WORO

In PATIGI Local Government Area of Kwara State, Nigeria.

2. *His/Her Particulars are follows:*

FATHER'S NAME ZUBERU IBRAHIM

FATHER'S HOME TOWN GADA WORO

FATHER'S COMPOUND SHA'ABA'S COMPOUND GADA WORO

FATHER'S WARD/DISTRICT LADE DISTRICT, WARD (2)

FATHER'S LOCAL GOVERNMENT AREA PATIGI LGA

FATHER'S STATE KWARA STATE

MOTHER'S NAME BARIKISU ZUBERU

MOTHER'S HOME TOWN GADA WORO

MOTHERS LOCAL GOVERNMENT AREA PATIGI LGA

MOTHER'S STATE KWARA STATE

Date 5TH *day of* JUNE 20 06

SECRETARY
PATIGI LOCAL GOVERNMENT

Official

CHAIRMAN/SECRETARY
PATIGI LOCAL GOVERNMENT, PATIGI

18 FEB 2020

THE GOLDEN SEAL OF

ADC

THE AFRICAN DEMOCRATIC CONGRESS

ZUBAIRU SHEBA MUSA

0240

MEMBERSHIP NUMBER

This Certifies that the above named person is a registered member of ADC and is entitled to benefits accruable to all members in good standing.

WARD: GaJaworo

L.G.A: PATIGI

STATE: KWARA

SIGNATORIES

NATIONAL CHAIRMAN

NATIONAL SECRETARY

18 FEB 2020

EC 13E

INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

FORM FOR NOMINATION OF MEMBER OF STATE HOUSE OF ASSEMBLY

NAME: ZUBAIR SHAABA MUSA

.....

CONSTITUENCY: PATIGI

.....

STATE: KWARA

18 FEB 2020

F. DECLARATION BEFORE A COMMISSIONER FOR OATHS IN THE HIGH COURT

I hereby declare that all the answers, facts and particulars I have given in this Form are true and correct, and I have, to the best of my knowledge, fulfilled all the requirements for qualification for the office I am seeking to be elected.

_____
DEPONENT

Sworn to at the (State/High Court) Registry .....

This .....Day of.....20.....

BEFORE ME

_____
COMMISSIONER FOR OATHS

18 FEB 2020