



EC 9E
INDEPENDENT NATIONAL ELECTORAL COMMISSION

Plot 436 Zambezi Crescent, Maitama District, Abuja

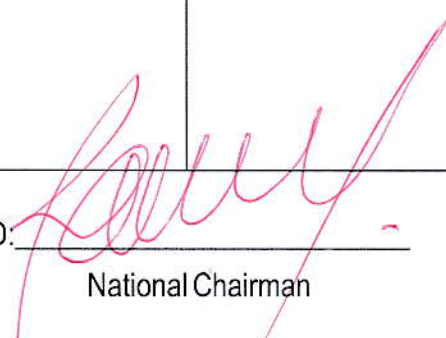
**SUBMISSION OF NAMES OF CANDIDATES
BY POLITICAL PARTY**

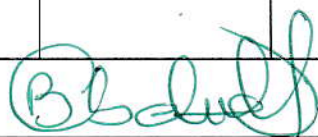
20.20..... STATE HOUSE OF ASSEMBLY ELECTION

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	-	Gadaworo Patigi Kwara State	FSLC NECO Community Health Diploma	SHA
2								
3								
4								

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).



INDEPENDENT NATIONAL ELECTORAL COMMISSION

EC 9

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 ☒ CHAIRMANA/C ☐

VICE CHAIRMAN ☐ COUNCILLORA/C ☐

Tick as appropriate

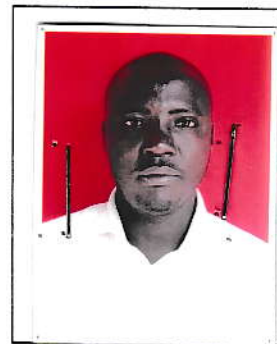
18 FEB 2020

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: SH613/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 SHABARS COMPOUND GADAWORO
PATIGI
6. Occupation TRADING
7. Telephone No. 07050892633 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)

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[Signature]

C. SCHOOLS ATTENDED/EDUCATIONAL QUALIFICATIONS WITH DATES*Attach evidence of all educational qualifications*

S/N	SCHOOL	QUALIFICATION	YEAR
1	PRIMARY	PT 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

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E GENERAL

1. Have you ever been adjudged a lunatic or declared to be of unsound mind?

YES ☐ NO ☒ If Yes, give details

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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.

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3. Have you in the last ten years been convicted and/or sentenced for an offence or dishonesty?

YES ☐ NO ☒ if Yes, give details.

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.....

.....

18 FEB 2020



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

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.....

.....

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.

[The following section contains several pages of extremely faint, illegible text, likely bleed-through from the reverse side of the page.]

- 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

This image shows a full page of a handwriting practice sheet. It features approximately 20 horizontal rows, each defined by two parallel dotted lines. The paper is otherwise blank, with no text or markings other than the faint blue lines and dots used for guidance.

18 FEB 2020

A hand-drawn diagram of a flower. It shows a central vertical structure representing the pistil. The top part is a small circle labeled 'Stigma'. Below it is a long, narrow tube labeled 'Style'. At the bottom is a larger, rounded structure labeled 'Ovary'. The ovary is divided into three sections, each containing a small circle representing an ovule. The entire diagram is drawn in blue ink.



INDEPENDENT NATIONAL ELECTORAL COMMISSION

EC 9E

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	-	Gadawo Patigi Kwara State	FSLC NECO Community Health Diploma	SHA
2								
3								
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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).

Sum.
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.

[Signature]

DEPONENT

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

This 17th Day of Feb. 20 20

BEFORE ME

[Signature]

COMMISSIONER FOR OATHS

COMMISSIONER FOR OATHS
FEDERAL HIGH COURT
ILORIN.



paid on
150378772619
R.

18 FEB 2020

[Signature]



KWARA STATE OF NIGERIA
PATIGI LOCAL GOVERNMENT
EDUCATION AUTHORITY

Patigi, Kwara State, Nigeria

CERTIFICATE OF
PRIMARY SCHOOL ATTENDANCE

Every
Child
Counts



No. **1281**

This is to certify that

Name ZUBAIRU SHARRA MUSA
Nationality NIGERIAN Tribe NUPE
Place of Birth GALAWORD LGA PATIGI
Date of Birth 14TH - 03 - 1992

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. Social Studies | Good | Average | Weak |
| 4. Basic Science | Good | Average | Weak |
| 5. Sense of Responsibility | Good | Average | Weak |
| 6. Outdoor Activities | <u>FARMING</u> | | |
| 7. Post of Responsibility held | <u>HEALTH PREFECT</u> | | |
| 8. General Conduct | <u>SATISFACTORY</u> | | |

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
Patigi 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: **2016**

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
Immunty 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
Reproductive 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 (Geriatrics)
Care of the Handicap

Percentage Scored: **88.5**

Percentage Scored in Practicals: **80**

Mark Scored in Oral: **15**

Total Percentage Scored in Exam: **82.4**

Number of Attempts: **101**

Overall Remark: **DISTINCTION**





RESULT CHECKER

National Examinations Council (NECO)

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

Single Candidate

AIRU SHAABA MUSA

Last Name: ZUBAIRU

Exam No: 40682601CC

Other Names: SHAABA MUSA

Exam Year: 2014

Center No: 0190371

Exam Type: JUN/JUL

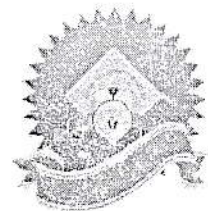
Centre Name: SENIOR SECONDARY SCHOOL, NDANAKU

*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... SHARBA M. of... SHARBA'S COMPANION
GADA... WORO do solemnly and sincerely declare:-

1. That my age is 25 years
2. That i am the NATIVE of GADA... WORO

(State Relationship)

PATIGI... IN... KWARA... STATE

- 3 That to the best of my knowledge and belief the said ZUBAIRU... SHARBA... MUSA Was born at GADA... PATIGI... L.G.A. division of KWARA State of Nigerian on the 11 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.

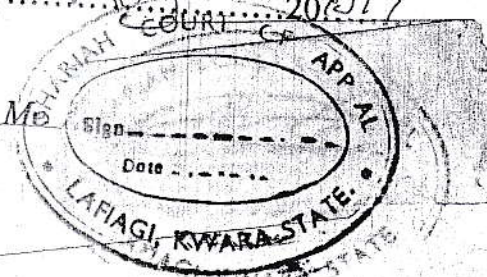
20

Signature of Interpreter

Sworn into at the shariah Court Registry, Patigi Kwara State

2nd day of MAY 2017

Before Me



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:

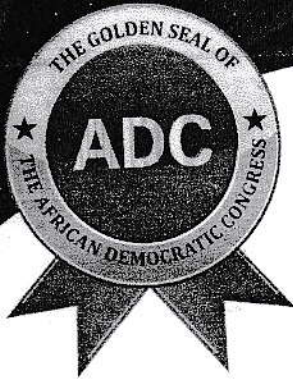
FATHER'S NAME ZUBERU IBRAHIM
FATHER'S HOME TOWN GADA WORO
FATHER'S COMPOUND SHA'ABA'S COMPOUND GADA WORO
FATHER'S WARD/DISTRICT LADE DISTRICT, WARD (2)
FATHER'S LOCAL GOVERNMENT AREA PATIGI LGA
FATHER'S STATE KWARA STATE
MOTHER'S NAME BARIKISU ZUBERU
MOTHER'S HOME TOWN GADA WORO
MOTHERS LOCAL GOVERNMENT AREA PATIGI LGA
MOTHER'S STATE KWARA STATE

Dated 5TH JUNE 2006
PATIGI LOCAL GOVERNMENT

Official

CHAIRMAN/SECRETARY
PATIGI LOCAL GOVERNMENT, PATIGI

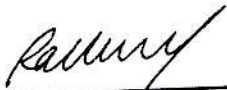
18 FEB 2020



ZUBAIRU SHARBA NMISA

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.

SIGNATORIES



NATIONAL CHAIRMAN



NATIONAL SECRETARY



0240
MEMBERSHIP NUMBER

WARD: GaJaword

L.G.A: PATIGI

STATE: KWARA

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: PATI 91

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

