

ISTEHQAQ CERTIFICATE

For use by
LZC of
Permanent
Residence of
a Mustahiq

Certificate No. _____ Date _____

Name/Address of Local Zakat Committee _____

It is certified that Mr./Mrs. _____

S/O,D/O,W/O _____

Holder of N.I. Card No. _____ is a

permanent/temporary resident of _____

_____ w.e.f. _____

(Address of Beneficiary)

It has been verified that he/she is poor person and has no source of income to meet the expenditure of illness.

His / Her Istehqaq for FREE MEDICAL TREATMENT is therefore endorsed.

His / Her permanent/temporary address is given below.



**CHAIRMAN
LOCAL ZAKAT COMMITTEE**



**CHAIRMAN
DISTRICT ZAKAT COMMITTEE**

PROVINCIAL ZAKAT ADMINISTRATION SCHOLARSHIP FORM
EDUCATIONAL STIPENDS (College, Universities etc.)
PART-I
(APPLICANT'S PARTICULARS)

1. Name:
2. Father's / Guardian's Name:
3. (a) Age/Date of Birth
- (b) CNIC
4. Educational Institution:
- (Where Enrolled)
5. Whether Scholarship out of Zakat Funds during the last year was Received by the applicant or not:
6. Permanent Address:
7. Temporary Address:
8. Parent/Guardian's Occupation:
9. Business/Job's Address of Parent /Guardian:
10. Parent/Guardian's Monthly Income:
11. No. of Deponent Family Members of Parent/Guardian's:
12. Whether the applicant has got admission In the Zakat Program of Technical Training:
13. Position attained in the last examination:

Signature of Applicant

Class _____ Date: _____

PART-II (Particulars of family members receiving education)

| S.N | Name | Class | Name of Institution | Whether he/she is receiving Scholarship out of Zakat Fund or otherwise |
|-----|------|-------|---------------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Signature of Parent/Guardian: _____

Date: _____

PART-III (Particulars of applicant's brothers/sisters who are in job)

| S.N | Name | Age | Professional/Nature of Job/Designation | Job's Address (in case of service name of Department) | Date of Employment | Monthly Income |
|-----|------|-----|--|---|--------------------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Applicant's Signature: _____

Date: _____

PART-IV

TO BE FILLED IN BY THE LOCAL ZAKAT COMMITTEE OF THE AREA WHICH THE APPLICANT IS A PERMANENT RESIDENT OR INSTITUTION IS LOCATED

Certified that Mr./Mrs. _____ S/D/O _____

Resident of _____

Is poor and eligible for PZA Scholarship.

He/She has been registered at Serial _____ of the Committee's record.

**Signature with Stamp
Chairman LZC**

PART-V

(TO BE FILLED IN BY THE PZA SCHOLARSHIP COMMITTEE OF THE EDUCATIONAL INSTITUTION)

The Committee in its meeting held on _____ considered the application and found Mr./Mrs. _____ S/D of _____ eligible for PZA Scholarship for the year _____

MEMBER

MEMBER

CHAIRMAN

**PROVINCIAL ZAKAT ADMINISTRATION SCHOLARSHIP FORM
EDUCATIONAL STIPENDS (DEENI MADARIS)**

**PART-I
(APPLICANT'S PARTICULARS)**

1. Name:
2. Father's / Guardian's Name:
3. (a) Age/Date of Birth
- (b) CNIC
4. Deeni Madrassa:
- (Where Enrolled)
5. Boarder/ Day Scholar:
6. Permanent Address:
7. Temporary Address:
8. Parent/Guardian's Occupation:
9. Business/Job's Address of
 Parent /Guardian:
10. Parent/Guardian's Monthly Income:
11. No. of Deponent Family Members of
 Parent/Guardian's:
12. Whether the applicant has got admission
 In the Zakat Program of Technical Training:
13. Position attained in the last examination:

Signature of Applicant

Class _____ Date: _____

PART-II (Particulars of family members receiving education)

| S.N | Name | Class | Name of Institution | Whether he/she is receiving Scholarship out of Zakat Fund or otherwise |
|-----|------|-------|---------------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Signature of Parent/Guardian: _____

Date: _____

PART-III (Particulars of applicant's brothers/sisters who are in job)

| S.N | Name | Age | Professional/Nature of Job/Designation | Job's Address (in case of service name of Department) | Date of Employment | Monthly Income |
|-----|------|-----|--|---|--------------------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Applicant's Signature: _____

Date: _____

PART-IV

**TO BE FILLED IN BY THE LOCAL ZAKAT COMMITTEE OF THE AREA WHICH
THE APPLICANT IS A PERMANENT RESIDENT OR MADRASSA IS LOCATED**

Certified that Mr./Mrs. _____ S/D/O _____

Resident of _____

Is poor and eligible for PZA Scholarship.

He/She has been registered at Serial _____ of the Committee's record.

**Signature with Stamp
Chairman LZC**

PART-V

**(TO BE FILLED IN BY THE PZA SCHOLARSHIP COMMITTEE OF THE
EDUCATIONAL INSTITUTION)**

The Committee in its meeting held on _____ considered
the application and found Mr./Mrs. _____ S/D of
_____ eligible for PZA Scholarship for the year _____

MEMBER

MEMBER

CHAIRMAN

PROVINCIAL ZAKAT ADMINISTRATION SCHOLARSHIP FORM
EDUCATIONAL STIPENDS (TECHNICAL)

PART-I
(APPLICANT'S PARTICULARS)

1. Name:
2. Father's / Husband's Name:
3. (a) Age/Date of Birth
- (b) CNIC
4. Religion:
5. Martial Status:
6. Permanent Address:
7. Temporary Address:
8. Educational Qualification:
9. Name of Technical Course for
Which applying:
10. Experience in the Skill of Course:
11. Settlement plan after completion of Course:

Signature of Applicant

Date: _____

Copies of Documents Attached:

- (i) Education Certificate
- (ii) Experience Certificate
- (iii) CNIC/Domicile

PART-II

**(FOR USE OF LOCAL ZAKAT COMMITTEE OF THE AREA OF WHICH THE
APPLICANT IS PERMANENT RESIDENT OR INSTITUTION IS LOCATED)**

Certified that Mr./Mrs. _____ S/D/W/o _____

Holder of CNIC No. _____ is permanent resident of _____

He intends to work as _____ but is unable to bear expenses of his Technical Education.

His Istehqaq for PZA Educational Stipends (Technical) is hereby certified under No. _____ .

Date: _____

Chairman: _____

Name of LZC: _____

LZC Code No: _____

Stamp of LZC: _____

PART-III

(Particulars of family members receiving Technical Education)

| S.N | Name | Course | Name of Institution | Duration of Course | Whether he/she is receiving Scholarship out of Zakat Fund or otherwise |
|-----|------|--------|---------------------|--------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Signature of Parent/Guardian: _____

Date: _____

PART-IV (Particulars of applicant's brothers/sisters who are in job)

| S.N | Name | Age | Professional/Nature of Job/Designation | Job's Address (in case of service name of Department) | Date of Employment | Monthly Income |
|-----|------|-----|--|---|--------------------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Applicant's Signature: _____

Date: _____

PART-V (Training already received by the applicant's)

| Year of Training | Name of Course | Name of Institution | Details of Scholarships received out of Zakat Funds |
|------------------|----------------|---------------------|---|
| | | | |
| | | | |
| | | | |

PART-VI

(UNDERTAKING BY PARENT/GUARDIAN OF APPLICANT)

we, the undersigned undertake that the applicant after successful completion of Technical Training will establish his own job for permanent rehabilitation on the basis of training received.

Applicant's Signature

Parent/Guardian's Signature

Date: _____

Date: _____

Signature of Guarantor

Date: _____

PART-VII (FOR USE OF PZA TECHNICAL SCHOLARSHIP COMMITTEE)

Examined that Mr./Mrs. _____ approved for grant of monthly scholarship @ Rs. _____ For Course _____

Chairman LZC
Stamp

Chairman DZC/PZA Scholarship Committee
Stamp

DZO & MEMBER

DISTRICT ZAKAT COMMITTEE
ISTEHQAQ CERTIFICATE
Marriage Assistance to Un-married Women

Part-I

(A) Particulars of Mustahiq Woman

1. Name of LZC..... Code No.....
2. Name of Woman..... Area..... Tehsil.....
District.....
3. Age..... CNIC.....
4. Date of Nikah..... Expected Date of Rukhsati.....
5. Name of Father/Mother/Guardian.....
6. Father/Mother/Guardian's CNIC.....
7. Profession of Father/Guardian..... Monthly Income.....
Business/Department Name..... Nature of Profession.....
8. Permanent Address.....

Encl: Copy of Nikah Nama

(B) Particulars of On job Brothers/Sisters of Mustahiq Woman

| S.N | Name | Profession/Nature of Job/Designation | Job's Address (in case of service, name of Department) | Date of Employment | Monthly Income |
|-----|------|--------------------------------------|--|--------------------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

(C) Particulars of other sister of Mustahiq Woman

| S.N | Name | Age | Material Status, if Married then date of Marriage | If Married, whether assistance out of Zakat fund was received | If assistance was received amount and Date |
|-----|------|-----|---|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Signature of Applicant.....

Date.....

Part-II (For use of Chairman Local Zakat Committee)

Certified that parent of Mst.....D/O.....
Are poor and they have no source to bear the expenditure on marriage of their daughter. The Local Zakat Committee in its meeting held on declared Mustahiq as needy woman for financial assistance and her name has been entered in the Mustahiqeen Register at page No..... Since sufficient funds are not available in the account Local Zakat Committee, marriage assistance out of District Zakat Fund is recommended.

Bank A/C No. of LZC..... Signature.....
Bank Branch..... Date.....
A/C No. of Mustahiq..... Stamp:
Bank Branch

Part-III (For use of District Zakat Committee)

After detailed examination it has been proved that marriage has been scheduled of Mst..... D/O.....
Resident of to whom Local Zakat Committee has declared Mustahiq. The District Zakat Committee in its meeting held on.....
Decided payment of Rs..... to her as marriage assistance.

Date..... Stamp..... Signature.....
Chairman DZC