

Annexure-I

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