

ZAKAT/NEED CUM MERIT SCHOLARSHIP FORM

2022-23

PART-I

Name: _____

Father Name: _____

CNIC: _____

Educational Institution: _____

Degree Program: _____

Boarder/Day Scholar: _____

Permanent Address: _____

Temporary Address: _____

E-mail: _____

Mobile No: _____

Parent Occupation: _____

Parent Monthly Income: _____

No of Family Members: _____

Result of the last examination (GPA/ Percentage): _____

Signature of Applicant

PART-II

To be filled in by the MERIT Scholarship Committee of the Educational Institution

The Committee in its meeting held on _____
considered the application and found Mr. / Ms _____
S/O / D/O _____ eligible for MERIT Scholarship for the year.

Chairman of Department /Institute

Member DZ&UC

Secretary

Focal Person



GOVERNMENT OF SINDH
ZAKAT & USHR DEPARTMENT

Certificate No. _____

Dated: _____

ISTEHQAQ CERTIFICATE

It is certificated that Mr. / Mrs. _____

S/o / D/o _____ holder of CNIC No. _____

is a permanent resident of _____,

(Address of Beneficiary)

2. He / She is poor person and has no source of income to meet the expenditure on Higher Education.

3. His / Her Istehqaq for Need-Cum-Merit Basis Scholarship is here by endorsed.

Stamp / Official seal of

Signature: _____

Authorized person.

Name of Authorized Person: _____

District Zakat & Usher Committee: _____
