

PROVINCIAL ZAKAT ADMINISTRATION SCHOLARSHIP FORM
EDUCATIONAL STIPENDS (Schools/College, Universities etc.)

PART-I

(APPLICANT'S PARTICULARS)

1. Name:.....
2. Father's Name:(if Dead), Guardian Name;.....
3. (a) Date of Birth.....Class.....
 (b) CNIC
4. Educational Institution:Rgd No.....
5. Whether Scholarship out of Zakat Funds during the last year was Yes/No
 Received by the applicant
6. Permanent Address.....
7. Temporary Address:
8. Father/Guardian's Occupation:
9. Business/Job's Address of Father /Guardian:
 Father/Guardian's Monthly Income:
11. No. of Brothers and Sisters in the family ___Brothers ___Sisters___
12. Whether the applicant has got admission
 In the Zakat Program of Technical Training: Yes/No
13. Position attained in the last examination:

Signature of Applicant

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				

(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						

Dated;

Applicant's Signature: _____

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.

She/he 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

KPZC shall change the contents of this form if required