

**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**