

**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

