

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 therefore endorsed.

Stamp / Official seal of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized person. Name of Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Zakat & Usher Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_

---------------------------------------------------------------------------------------------------------------------