

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_

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