## NEED-CUM MERIT SCHOLARSHIP FORM

1)	Name:	
2)	Father / Guardian's Name:	
3)	a) Age/ Date of Birth:	
	b) -	-
4)	Education Institution:	
	// // // // // // // // // // // // //	
5)	Class:	
6)	Border / Day Scholar:	
7)	Permanent Address:	
8)	Temporary Address:	
9)	Parent's Occupation:	
10)	Parent's Monthly Income:	
11)	No. of Family Members:	
12)		Examination.
DRIN	CIPAL	
IVIIV	CIFAL	Signature of Father/ Guardian
		Signature of Applicant
		Class:



## GOVERNMENT OF SINDH ZAKAT & USHR DEPARTMENT

CERTIFICATE NO.:	DATE:
<u>IST</u>	EHQAQ CERTIFICATE
It is certified that	Mr. / Mrs. /
S/o, D/o	holding CNIC No
is a permanent residence of	
	(Address of beneficiary)
2. He / She is poor pe on Higher Education.	rson and has no source of income to meet the expenditure
3. His / Her Istehqao	q for Need Cum- Merit Basis Scholarship is therefore
tamp/ Official seal of	Signature:
uthorized Person	Name of Authorized Person:
	District 7akat & Ushr Committee