

**APPLICATION FORM FOR GUZARA ALLOWANCE**

**Part-1(For applicant)**

Name-----S/O//W/O/D/O/widow of -----

Age----- Gender----- Profession -----

CNIC -----Mobile -----

Permanent address -----

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Temporary address -----

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Monthly income ----- Number of dependent-----

Category (widow, disable, blind, orphan, old age, poor) -----

**DECLARATION**

I, -----S/O//W/O/D/O/WIDOW-----

do hereby declare that I am not in receipt of financial assistance from any other poverty alleviation program of the government. All above information is correct. I also declare that no other member of my family receiving Guzara Allowance. I also affirm that I am not getting financial assistance from any other department like BISP, Social Welfare & Bait-UI-Mall etc

\_\_\_\_\_  
Signature of applicant/thumb impression  
Dated

**Part II (for Local Zakat Committee)**

It is certified that ----- S/O//W/O/D/O/WIDOW-----

-----is a poor and Mustahiq-e-Zakat. His/her name is included in the list of Mustahqeen (Register LZ-19). He/she have no source of income. His/her name is recommended for Guzara Allowance (Attach the Copies of resolution of LZC & Register of LZ-19).

Signature & Name of Chairman Local Zakat Committee

Mobile No-----

Stamp & Dated