

ISTEHQAQ CERTIFICATE

Name/Address of LZC ----- Code -----

Tehsil----- District -----

It is certified that Mr./Ms.-----

S/O, D/O,W/O----- NIC NO.-----

Nature of disease -----Age-----

Residence of -----

It has been verified that he/she is a poor and deserving for FREE medical treatment. His/her name is included in the register LZ-19 at serial -----

Note: Attach the CNIC copy of patient

Chairman
Local Zakat Committee

Chairman/District Zakat Officer
District Zakat Committee