ISTEHQAQ CERTIFICATE
(FOR TREATMENT OF A MUSTAHIQ PERSON)
PART-I
TO BE FILLED IN BY THE LOCAL ZAKAT COMMITTEE CONCERNED

1. Local Committee: …… Date: ……..
2. It is certified that Mr./Mrs. ……...

   S/o, D/o, W/o: …… CNIC: ……..

   is, as per CNIC, a permanent / temporary resident of ……
3. He/She is suffering from …….
4. It is further certified that he/she is Mustahiq-e-Zakat and eligible for Healthcare Program.
5. She/he has been registered at Serial No. …… of this Local Committee's record.
6. It has been verified that he/she has no sufficient source of income to meet the expenditure of the illness.
7. It has been verified that he/she is not receiving any assistance for medical treatment from other sources i.e Pakistan Bait-ul-Mal or any other government or reimbursement source.

Signature with Stamp
Chairman Local Committee

PART-II
(TO BE FILLED BY THE DISTRICT COMMITTEE CONCERNED)

Form is complete, signature of Chairman Local Committee is verified and patient is referred to;

the _____ Hospital/Centre for treatment out of district level health fund. Dispatch No is _____ dated _____.

OR

the _____Hospital for treatment out of provincial level health fund with the certificate that the credentials/particulars of the patient have been uploaded through district portal and the case has been registered vide dispatch No._____ dated _____.

Signature with Stamp
Chairman District Committee /
District Zakat Officer

PART-III
(FOR THE USE OF THE HOSPITAL)

It is certified that patient in not being treated in his hospital for this disease through any other resource such as sehat sahulat Program, Pakistan Baitul Mal or any other government or reimbursement source. Therefore, he/she is beng provided assistance out of zakat funds.

Head of the Hospital/In-charge Zakat Cell