ISTEHQAQ CERTIFICATE
(MARRIAGE ASSISTANCE)

PART-I
(MUSTAHIQ WOMAN'S PARTICULARS)

1. Name of Bride: ……Nature of disability, if any……..…
2. Father's Name: ……. Guardian's Name (in case father is deceased): ……
3. Whether both parents are alive: ……Yes/ No.
4. Date of Birth: ……...
5. CNIC No: …….
6. Address (permanent or temporary): …….
7. Father/Guardian's occupation: ……;;……Monthly income……
8. Father/Guardian's Occupation address: ..……....
9. No. of siblings in the family: …… (a) Brothers: …….. (b) Sisters: ……...
10. Expected date of marriage/rukhsati: ……..……..

PART-II
(BRIDEGROOM'S PARTICULARS)

1. Name of Bridegroom: ……..……
2. Father's Name: ……
3. CNIC No: ……

Enclosure: Copies of CNICs of the Mustahiq Woman, her father / guardian, and bridegroom.
Copy of Nikkah if already performed.

PART-III
(Particulars of Mustahiq Women's siblings who are employed)

S.N	Name	Age	Professional/ Nature of Job/Designation	Job Address (in case of service, name of Department)	Monthly Income
1					
2					
3					
4					
5					

PART-IV
(Particulars of other unmarried sisters of Mustahiq Woman)

S.N	Name	Age	Education	Disability (if any)
1				
2				
3				
4				
5				

Dated: _____

Signature of Applicant

PART-V

TO BE FILLED IN BY THE LOCAL ZAKAT COMMITTEE CONCERNED

It is certified that Mrs._____ D/O_____ resident of _____

is poor and eligible for Marriage Assistance.

She/he has been registered at Serial No. _____ of this Local Committee's record.

Signature with Stamp
Chairman Local Committee

PART-VI

(TO BE FILLED BY THE DISTRICT COMMITTEE CONCERNED)

It is certified that the District Committee in its _____ meeting held on _____ approved Marriage Assistance amounting to _____ in respect of fore-mentioned Mustahiq woman. It is further certified that her Nikkah (copy enclosed) was performed on _____.

Chairman DZC **District Zakat Officer**