MORA-1

MORA SCHOLARSHIP FORM
PART-I

(TO BE FILLED IN BY THE APPLICANT)

1) Name: _____

2) Father /Guardian's Name: _____

3) a) Age/Date of Birth: _____

b) NIC No. (If above 18 Years of age) _____

4) Educational Institution (where enrolled): _____

5) Class: _____

6) Permanent Address: _____

7) Temporary Address: _____

8) Parent/Guardian's Occupation: _____

9) Business/Job's Address of Parent/Guardian _____

10) Parent/Guardian's Monthly Income: _____

11) No. of Dependent Family Members: _____

12) Whether the applicant has got Admission in the Zakat Program _____

12) Position attained in the examination _____

Signature of Applicant
Class: _____ Dated _____

PART-II

(PARTICULAR'S OF FAMILY MEMBER'S RECEIVING EDUCATION)

S.NO	Name	Class	Name of Institute	Whether He/She is receiving scholarship out of zakat funds OR otherwise
1				
2				
3				

Signature of Parent/Guardian
Dated: _____

PART-III

(DETAILS OF APPLICANT'S BROTHER/SISTERWHO ARE IN JOB)

S.NO	Name	Profession/Nature of Job Designation	Job's Address(in case of services name of Department	Date of Employment	Monthly Income
1					
2					
3					

Signature of Applicant
Dated: _____

PART-IV

.

To be filled in by the Local Zakat Committee of the Area of which the applicant is a permanent resident of Institution is Located

Certified that Mr. /Ms _____S/D/o_____
Resident of _____ is eligible for MORA Scholarship. He /she has been registered at Serial _____ of the Committee's record.

Signature with Stamp
Chairman LZC

PART-V

To be filled in by the MORA Scholarship Committee of the Educational Institution

The Committee in its meeting held on _____Considered the application and found Mr. /Ms. _____S/D/O_____eligible for MORA Scholarship for the year _____

Member **Member**

Chairman