

THE HIGH COURT OF SINDH, KARACHI

No: Gaz/Al-Mizan Foundation(1 C)

Dated: 10-10-2026

All
communication
should be
addressed to
the REGISTRAR
HIGH COURT
OF
SINDH KARACHI
and not to any
Official by name

From:

The Registrar, High Court of Sindh Karachi.

To,

1. All the retired Hon'ble Judges of this Court.
(through Resident-III Branch of this Court).
2. All the District & Sessions Judges in Sindh,
for information and to circulate amongst Judicial
Officers & Staff of Sub-Ordinate Courts *(through e-mail)*
3. All the Learned Judicial Officers in Sindh posted
in Ex-Cadre posts *(through e-mail)*.
4. The Additional Registrars, Bench at Sukkur and
Circuit Courts, Hyderabad & Larkana, for
information and to circulate amongst their
respective staff *(through e-mail)*.
- ✓ 5. The Director General I.T of this Court for
uploading the same on official web site for
information of retired Judicial Officers / Officers
and Officials of this Court.
6. All the Officers / In-charge of Branch of this Court,
for information and circulate in their respective
staff *(also annexed in Notice Boards)*.

Subject: INVITATION OF APPLICATIONS FROM DESERVING
WIDOWS AND OTHER VULNERABLE BENEFICIARIES
UNDER THE AL-MIZAN WELFARE POLICY 2026.

I am directed to enclose herewith a copy of letter
No. 01/W/AMF/2026 dated: 06-10-2026 alongwith enclosures
received from the learned District & Sessions Judge / Director
General, Al-Mizan Foundation, Rawalpindi which is self-
explanatory for kind information and compliance.

(ABBAS MEHDI)

Deputy Registrar (Gazette)
For Registrar

A copy is forwarded for information to the District &
Sessions Judge / Director General, Al-Mizan Foundation, Old
Supreme Court Building, 274-Peshawar Road, Rawalpindi, with
reference to above referred letter dated: 06-10-2026.

Copy alongwith above letter dated: 06-10-2026 and
enclosures is also forwarded for information and necessary
compliance to :

- 1) The learned Project Director, Access to Justice Programme
(AJP) of this Court / Focal Person for liaison with Al Mizan
Foundation with a request to adhere to para no. 2 of the letter
dated: 06-10-2026 of the Secretary Al-Mizan Foundation.
- 2) The Assistant Registrar, Admin Branch of this Court.
- 3) The Assistant Registrar, Gazette Branch of this Court
- 4) Mr. Mustafa Ali Bamboat, Programmer of this Court.

Tel: 051-5125198
051-5563181



No. 01/W/AMF/2026
AL-MIZAN FOUNDATION
Old Supreme Court Building
2nd Floor
Rawalpindi
Dated: 06th October, 2026

To,

The Worthy Registrar, Supreme Court of Pakistan, Islamabad
The Worthy Registrar, Lahore High Court, Lahore
The Worthy Registrar, Islamabad High Court, Islamabad
The Worthy Registrar, Peshawar High Court, Peshawar
The Worthy Registrar, High Court of Sindh, Karachi
The Worthy Registrar, High Court of Balochistan, Quetta
The Worthy Registrar, Federal Shariat Court of Pakistan Islamabad

Subject: INVITATION OF APPLICATIONS FROM DESERVING WIDOWS AND OTHER VULNERABLE BENEFICIARIES UNDER THE AL-MIZAN WELFARE POLICY, 2026

Dear Sir (s),

1. I am directed to refer to the subject and to invite applications from the eligible and deserving beneficiaries, widows and other vulnerable persons, including orphans, under the respective windows of the Judicial Family Support Programme (JFSP), namely Widow Support (JFSP-W), Skill Development Support including Orphan Skill Development (JFSP-SD), and Financial Assistance (JFSP-FA), in accordance with the Al-Mizan Welfare Policy, 2026 on the duly filled form alongwith a covering letter and verification of service of the principal beneficiary by the respective parent department / court, till 30th October, 2026.
2. You are, therefore, requested to kindly disseminate the information through all possible means, including digital platforms such as the official website and social media, where applicable, and through the designated Judicial Welfare Liaison Focal Person, amongst the eligible beneficiaries (serving and retired employees, their families, and families of deceased employees) of your Court and, where applicable, the District Judiciary and courts subordinate thereto, so that deserving beneficiaries may submit their applications for consideration under the relevant Welfare Windows.
3. The applicants may be advised to submit the prescribed application form along with all requisite supporting documents, through proper channel.
4. All applications received may be scrutinized and verified by the parent department as well as the designated focal person, as applicable, and forwarded to Al-Mizan Foundation, so that eligible cases may be processed in accordance with the Al-Mizan Welfare Policy, 2026.
5. The assistance shall remain subject to the approved budget, eligibility and verification requirements, availability of the relevant programme/facility and approval of the competent authority, and shall not create any vested or automatic entitlement.

6. It is, therefore, requested that the above information may kindly be circulated amongst the eligible beneficiaries at the earliest.

Foundation Focal Persons

Mr. Hassan Ali
Mr. Ali Abdullah

Point of Information and Contact

Telephone: 051-5125198

Email: info@almizanfoundation.org.pk

Website: www.almizanfoundation.org.pk

Facebook: www.facebook.com/almizanfoundationofficial

Instagram: www.instagram.com/almizanfoundationofficial

Official WhatsApp: 03-40-1476497

Enclosed:

1. Al-Mizan Skill development Support Form
2. Al-Mizan Widow Support Form
3. Al-Mizan Financial Assistance and Death Grant Form



Zia Ur Rehman

District & Sessions Judge/
Director General, Al-Mizan Foundation

Distribution:

1. Hon'ble the Chairperson, Committee of Administration, Al-Mizan Foundation (Via Email)
2. Hon'ble the Vice-Chairperson, Committee of Administration / Chairman, Welfare Sub-Committee, Al-Mizan Foundation (Via Email).
3. All the Members of the Committee of Administration (Via Email)
4. Secretary to Honorable the Chief Justice of Pakistan/ President Advisory Board.
5. All the District & Sessions Judge ICT, Punjab, Sindh, KPK and Balochistan (Via Email).
6. Judicial Welfare Liaison Focal Persons of Supreme Court, Islamabad High Court and Provincial High Courts (Sindh, Balochistan, Punjab, KPK)
7. Office Copy.



AL-MIZAN FOUNDATION

AL-MIZAN SKILL DEVELOPMENT SUPPORT FORM

A. Applicant / Trainee Particulars

Applicant name		CNIC / B-Form		Affix recent passport size photograph here
Father / guardian		Date of birth / age		
Mobile /		Email, if any		
Present address		District / province		
Applicant status	☐ Orphan ☐ Widow's child ☐ Disabled dependent ☐ Other vulnerable dependent	Relationship / dependency	☐ Son / Daughter ☐ Guardian/dependent ☐ Other:	
Previous Al-Mizan / Foundation skill / training benefit	☐ No ☐ Yes, details attached			

B. Principal Beneficiary / Service Particulars

Principal beneficiary / guardian name		CNIC	
Designation & BPS / scale		Employee / pension / service no.	
Parent Court / department / institution		Status	☐ Serving ☐ Retired ☐ Deceased
Group	☐ Punjab ☐ Sindh ☐ KPK ☐ Balochistan ☐ Federal	Relationship to applicant	

C. Training / Skill Programme Applied or Preferred (Attach details)

Course / trade / skill name		Course duration	
Training start date, if known		Campus / city / location	
Application / enrolment status	☐ Not yet applied ☐ Applied ☐ Offered / enrolled	Course / training fee (Rs.)	
Training institute / centre	☐ NAVTTC-authorized institute / centre ☐ ITVTA institute / centre ☐ Federal / Provincial Government technical or skill centre ☐ IIMCT / Riphah ☐ Reputable private-sector institute ☐ Other:		
Support Requested	☐ Full training fee ☐ Partial training fee ☐ Stipend ☐ Certification fee ☐ Tool-kit support ☐ Placement facilitation / counselling ☐ Other approved skill support:		

D. Education, Need and Suitability Particulars

Last qualification / education		Current status	☐ Student ☐ Unemployed ☐ Working ☐ Other
Previous skill / work experience		Monthly family income (Rs.)	
No. of dependents		Remote-area / travel difficulty	☐ No ☐ Yes
Disability / accessibility need	☐ No ☐ Yes, details below	Guardian consent, if required	☐ Attached ☐ Not applicable
Need / priority factors	☐ Orphan / deceased earning guardian ☐ Widow-led household ☐ BPS-01 to BPS-16 family ☐ Low income / financial distress ☐ Disability ☐ Remote area ☐ Female safety / suitable timing ☐ Other:		
Brief reason for training / career objective			
Safety / accessibility / timing needs, if any			

E. Documents Attached / To Be Attached

☐ Applicant CNIC / B-Form	☐ Course / institute application or offer, if available
☐ CNIC of principal beneficiary / guardian	☐ Course fee / prospectus / schedule, if available
☐ Service / pension / employee proof	☐ Income / hardship proof, where claimed
☐ Death certificate, if deceased beneficiary case	☐ Disability / accessibility proof, where applicable
☐ Relationship / dependency proof	☐ Guardian consent, where required
☐ Latest education / qualification record	☐ Any other supporting document

F. Applicant Declaration

Declaration	I certify that the information provided is true and complete. I have disclosed pension, income, family support, remarriage where relevant, and any other assistance or benefit. I will inform the Foundation of any material change and will provide annual re-verification if support is continued. I understand that false information, concealment or duplicate benefit may result in suspension, recovery and lawful action.
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G. Signatures

Role	Name	Signature / thumb	Date
Applicant / patient			
Parent / guardian / principal beneficiary			

H. Verification from Parent Department

Verifying officer name & designation		Official contact / email	
Signature & Stamp		Date	
Verification			

te: Attach copies only. Original documents may be required for verification. The Applicant shall also forward the same scanned verified application form alongwith the relevant docs to the Al-Mizan Foundation through official email (info@almizanfoundation.org) and WhatsApp (0340-1476497)



AL-MIZAN FOUNDATION

AL-MIZAN WIDOW SUPPORT FORM

A. Applicant / Widow Particulars				
Applicant name		CNIC		Affix recent passport size photograph here
Father / guardian name		Date of birth / age		
Mobile / WhatsApp		Email, if any		
Present address		District / province		
Marital / family status	☐ Widow ☐ Guardian of minor children ☐ Other verified family position	Relationship to deceased	☐ Spouse ☐ Dependent / guardian ☐ Other	
Previous Al-Mizan / Foundation benefit (attach details, if any)	☐ No ☐ Yes, brief details:-			
B. Deceased Principal Beneficiary Particulars				
Name of deceased beneficiary		CNIC		
Designation & BPS / scale		Employee / pension / service no.		
Parent Court / department / institution		Date of death		
Service status at death	☐ In service ☐ Retired	Group	☐ Punjab ☐ Sindh ☐ KPK ☐ Balochistan ☐ Federal	

C. Household, Income and Support Required			
Pension entitlement	☐ None ☐ Applied ☐ Receiving	Monthly pension, if any (Rs.)	
Other monthly family income (Rs.)		Earning family member	☐ No ☐ Yes, details attached
No. of dependent children		No. of minor children	
Disabled / seriously ill dependents	☐ No ☐ Yes, details attached	Other regular assistance / benefit	☐ No ☐ Yes, details attached
Monthly support requested (Rs.)		Bank / account details	
Brief reason / present hardship			
D. Documents Attached / To Be Attached			
☐	Applicant CNIC	☐	Income / salary / pension proof of household
☐	CNIC of deceased beneficiary	☐	Birth certificates / B-Forms of dependent children
☐	Death certificate	☐	Disability / medical proof, where applicable
☐	Service / pension / employee proof	☐	Bank account details, where required
☐	Marriage / family relationship proof	☐	Details of any other assistance / benefit
☐	Family registration certificate / dependency proof	☐	Any other supporting document
☐	Pension order / non-pension proof, where applicable		
E. Applicant Declaration			
Declaration	I certify that the information provided is true and complete. I have disclosed pension, income, family support, remarriage where relevant, and any other assistance or benefit. I will inform the Foundation of any material change and will provide annual re-verification if support is continued. I understand that false information, concealment or duplicate benefit may result in suspension, recovery and lawful action.		

F. Signatures			
Role	Name	Signature / thumb	Date
Applicant / widow			
Guardian / family representative, if applicable			
G. Verification from Parent Department			
Verifying officer name & designation		Official contact / email	
Signature & Stamp		Date	
Verification			

Note: Attach copies only. Original documents may be required for verification. The Applicant shall also forward the same scanned verified application form alongwith the relevant docs to the Al-Mizan Foundation through email (info@almizanfoundation.org.pk) and WhatsApp (0340-1476497)



AL-MIZAN FOUNDATION

AL-MIZAN FINANCIAL ASSISTANCE AND DEATH GRANT FORM

A. Applicant Particulars			
Applicant name		CNIC / B-Form	
Father / spouse / guardian name		Date of birth / age	
Mobile / WhatsApp		Email, if any	
Present address		District & Province	
Applicant status	☐ Widow ☐ Son / Daughter ☐ Parent ☐ Guardian / dependent ☐ Other	Relationship / dependency	
Previous Al-Mizan / Foundation benefit (attach details, if any)	☐ No ☐ Yes Brief details:		

Affix recent passport size photograph here

B. Principal / Deceased Beneficiary Particulars			
Name of principal / deceased beneficiary		CNIC	
Designation & BPS / scale		Employee / pension / service no.	
Parent Court / department / institution		Status	☐ Serving ☐ Retired ☐ Deceased

Date of death, if applicable		Group	☐ Punjab ☐ Sindh ☐ F.F.P. ☐ Balochistan ☐ Federal
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C. Assistance / Grant Requested

Type of case	☐ Death grant / in-service death ☐ Natural disaster / flood / earthquake ☐ Fire / verified loss ☐ Severe emergency / hardship ☐ Serious illness of family member of deceased employee ☐ Other	Date and place of event	
Brief details of death / loss / emergency			
Estimated verified loss / treatment cost (Rs.)		Amount requested (Rs.)	
Insurance / compensation / other assistance	☐ None ☐ Applied ☐ Received, details attached	Amount received / expected (Rs.)	
Monthly family income (Rs.)		No. of dependents / minor children	
Disabled / seriously ill dependents	☐ No ☐ Yes, details	Bank / account details	

D. Documents Attached / To Be Attached

☐ Applicant CNIC / B-Form	☐ Loss assessment / photographs / estimates
☐ CNIC of principal / deceased beneficiary	☐ Medical record / treatment estimate, where applicable
☐ Service / pension / employee proof	☐ Income / salary / pension proof
☐ Death certificate, if applicable	☐ Insurance / compensation / other assistance detail

☐	Relationship / dependency proof	☐	Bank account details
☐	Family registration certificate, where applicable	☐	Any other supporting document
☐	Disaster / fire / police / local authority report, where applicable	☐	

E. Applicant Declaration

Declaration	I certify that the information, loss details and documents provided are true and complete. I have disclosed insurance, compensation, government relief, employer benefit, previous Foundation assistance and any other payment or claim relating to this case. I understand that assistance is subject to verification and approval, and that duplicate claim, false loss assessment, forged documents or concealment may result in rejection, recovery and lawful action.
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F. Signatures

Role	Name	Signature / thumb	Date
Applicant / claimant			
Guardian / family representative, if applicable			

G. Verification from Parent Department

Verifying officer name & designation		Official contact / email	
Signature & Stamp		Date	
Verification			

Note: Attach copies only. Original documents may be required for verification. The Applicant shall also forward the same scanned verified application form alongwith the relevant docs to the Al-Nizari Foundation through email (info@alnicznfoundation.org.pk) and WhatsApp (0340-1476497)