

CANCELLATION REQUEST FORM

The Chief Executive Officer
 Haj Committee of India,
 Haj House,
 7-A, M.R.A. Marg (Palton Road),
 Mumbai - 400 001.

HAJ-2017

COVER NO. _____

Sir,

It is requested to cancel the pilgrim's listed below and grant admissible refund amount.

DETAILS OF PILGRIM (S) TO BE CANCELLED						
SR. NO.	NAME OF THE CANCELLED PILGRIM (s)	PASSPORT NO.				
A	1.					
	2.					
	3.					
	4.					
	5.					
B	REASON OF CANCELLATION Please tick (√) any one	DEATH <input type="checkbox"/>	MEDICAL <input type="checkbox"/>	FINANCIAL <input type="checkbox"/>	DOMESTIC <input type="checkbox"/>	OTHERS <input type="checkbox"/>
	C	ENCLOSURES Please tick (√)	Claim Letter <input type="checkbox"/>	Copy of Pay in Slip <input type="checkbox"/>	Medical / Death Certificate <input type="checkbox"/>	Any Other (Please Specify) <input style="width: 100%;" type="text"/>
In case of Death, details of Nominee as per Haj Application Form						
D	Name				Relation	
	BANK DETAILS OF NOMINEE (attach copy)					
	Name of the Account Holder	Bank Name	Branch Name	Branch Code	Account No.	IFSC Code

I / We certify that the particulars given above are true and correct.

Date :

Place:

Signature (s)

It is certified that the particulars mentioned above are correct and as per entries in the Haj Application Form (s).
 It is recommended that the Haj application of above referred pilgrim(s) may therefore be cancelled.

Date :

Place:

Executive Officer
State / UT Haj Committee