

Haj Committee of India
(Constituted under the Act of Parliament No.35 of 2002)

Ministry of Minority Affairs, Government of India

Haj - 2024

8

Circular

Sub.: Proforma of Cancellation Request Form for Haj-2024 (Hijri-1445)- Reg.

The proforma of Cancellation Request Form is enclosed herewith for use of the pilgrims of Haj-2024.

The provisionally selected pilgrim(s) who intend to CANCEL their Haj seats(s) is/are required to download the said proforma from the portal of Haj Committee of India's website www.hajcommittee.gov.in and fill the requisite details alongwith REASON for Cancellation of Haj journey, which should be supported by the documentary evidence. The Cancellation Request Form, duly completed, should be e-mail to Haj Committee of India at ceo.hajcommittee@nic.in

Yours faithfully,

Signed by Leyaqt Ali

Aafaqui

Date: 03-02-2024 16:19:01

Reason: Approved

(Leyaqt Ali Aafaqui, IRS)
Chief Executive Officer.

Encl.: As stated above.

Copy to :-

1. The Executive Officer/Secretary, All State/Union Territory Haj Committees for information and necessary action.
2. In-Charge, Computer Section, Haj Committee of India, for uploading on the website of HCOI.

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-2024

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 | | | | | | | | |
|--|--------------|----------------------------------|--|---------|-----------|----------|--------|---------------------------|
| | | | REASON OF CANCELLATION PLEASE TICK (✓) ANY ONE | | | | | |
| Sr. No. | PASSPORT NO. | NAME OF THE CANCELLED PILGRIM(S) | DEATH | MEDICAL | FINANCIAL | DOMESTIC | OTHERS | DUE TO MEHRAM / COMPANION |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

| | | | | | |
|--------------------------------------|--|---|---|--|--|
| ENCLOSURES Please tick (✓) | Claim Letter <input type="checkbox"/> | Copy of Pay in Slip <input type="checkbox"/> | Medical / Death Certificate <input type="checkbox"/> | Copy of front page of bank passbook/cancelled cheque <input type="checkbox"/> | Any Other (Please Specify) <input type="checkbox"/> |
|--------------------------------------|--|---|---|--|--|

| | | | | | |
|---|-----------|-------------|-------------|-------------|-----------|
| In case of Death, details of Nominee as per Haj Application Form | | | | | |
| 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:

1.....2.....3.....4.....5.....

Signature/s of cancelled pilgrim(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