

**Haj Committee of India**  
(Statutory body of Ministry of External Affairs)

Haj House,  
7-A, M.R.A. Marg,  
(Palton Road),  
Mumbai – 400 001.

HC-13/25/2015/4527

Date : 9<sup>th</sup> February, 2015.

**CIRCULAR**

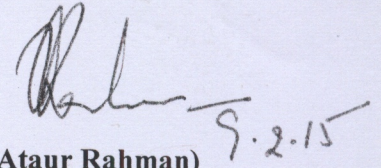
**Haj – 2015**

**4**

**Sub.: Standard format of Cancellation Form.**

Some selected pilgrims cancel their pilgrimage due to various reasons like death, serious ailments, financial problems etc. In order to process such cancellation requests expeditiously and to ensure faster refunds, a standard format of cancellation form has been devised to be used by pilgrims of Haj – 2015.

2. A copy of the standard format of cancellation form is enclosed herewith for use of the pilgrims.



**(Ataur Rahman)**

Chief Executive Officer.

1. Executive Officer/Secretary of all State/UT Haj Committees.
2. Computer Section, HCoI for putting on Website of HCoI
3. The Chairman and all Members, Haj Committee of India for kind information.

## CANCELLATION REQUEST FORM

HAJ-2015

THE CHIEF EXECUTIVE OFFICER  
HAJ COMMITTEE OF INDIA,HAJ HOUSE,  
PALTON ROAD 7-A, MRA MARG,  
MUMBAI-400 001.

**Cover No** \_\_\_\_\_

Sir,

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

A	DETAILS OF PILGRIM(S) TO BE CANCELLED						
	Sr no	NAME OF THE CANCELLED PILGIRIM(S)				PASSPORT No.	
	1.						
	2.						
	3.						
	4.						
	5.						
B	REASON OF CANCELLATION Please tick any one	DEATH	MEDICAL	FINANCIAL	DOMESTIC	OTHERS	
C	ENCLOSURES Please tick	Claim Letter	Copy of Pay in Slip	Medical/Death Certificate	Any Other (Please Specify)		
In case of Death, details of Nominee as per Haj application Form							
D	Name					Relation	
	BANK DETAIL OF NOMINEE						
	Name of the Account holder	Name of Bank	Account No.	Name of Branch	IFS 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/ Secretary**  
State/ UT Haj Committee