

Jammu & Kashmir
Haj Committee
Under Department of Haj & Auqaf, Govt. Of Jammu & Kashmir



Notification for Haj 1444 (Hijri) 2023 (CE)

In order to utilize maximum Quota, it is for the information of all those Haj aspirants who are under General waitlist No. 1644 to GWL 2000 and have not submitted their passports. They are advised to submit their passports within two days positively or if not interested at this stage submit their cancellation form in person or mail us on jkstatehaj@gmail.com within two days (as per enclosed format).

No.Haj/2023/Cs/Pr/120/01
Dated: 12-06-2023

Sd/-
Dr. Shujaat Ahmad Qureshi
Executive Officer
J&K Haj Committee
Srinagar

Copy to the: -

1. Commissioner / Secretary Revenue, (Haj & Auqaf), J&K Civil Secretariat.
2. Divisional Commissioner, Kashmir / Jammu/ Ladakh.
3. All Deputy Commissioners. (UT of Jammu & Kashmir / Ladakh).
4. Director Doordarshan Kendra / All India Radio, Srinagar with the request to disseminate the contents of the Press Release.
5. Joint Director Information, Kashmir with the request that the press release may be given wide publicity.
6. Incharge Website, JKSHC.

Copy also to:

1. Hon'ble Chairperson J&K Haj Committee for information.
2. Hon'ble Members of J&K Haj Committee for information.

ANNEXURE - 9

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-2023

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

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.....
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