

# 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-2026****COVER NO.** \_\_\_\_\_

Sir,

It is requested to cancel the pilgrims listed below and grant admissible refund amount.

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

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

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

Date:

Place:

**Executive Officer  
State / UT Haj Committee**

State/UT Haj Committee to forward this Form to the Chief Executive Officer, Haj Committee of India, Haj House, 7-A, M.R.A. Marg, Mumbai - 400 001. Fax No. (022) 22620920 / 22630461; E-mail ceo.hajcommittee@nic.in