

ANDHRA PRADESH STATE HAJ COMMITTEE
(# 39-3-2, 3rd floor, R.K.Plaza, Masjid street, Labbipet, Vijayawada- 520010)
APPLICATION FORM FOR FINANCIAL ASSISTANCE - HAJ 2022

Application No: Haj/2022/_____.

Date: _____.

To
The Executive Officer, A.P. State .Haj Committee, Vijayawada.

Sub:- APSHC – Request to sanction the Financial Assistance – Regarding.
Ref:- GO.Ms.No. 75, dated: 19.11.2019 of M.W.(IDM) Dept.

The following information and relevant documents are submitted with a request to sanction the financial assistance for Haj pilgrimage.

Name of the Pilgrim: _____

S/o W/o D/o _____

Address:

.....

Cover No : _____ Head of Cover: Sri. _____.

Aadhar No:

Passport No:

Bank & Branch Name:

Account No:

IFSC code:

Income certificate submitted: Yes / No

Contact Mobile No:

Embarkation Point: _____

I certify that the information furnished above is true and correct to best of my knowledge.

SIGNATURE / THUMB IMPRESSION OF THE APPLICANT

Enclosures: 1. Copy of any one of the Aadhar card.
2. Copies of Bank passbook and a photograph

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OFFICE USE ONLY

All the documents received in respect of the applicant in Cover No submitted are found to be in accordance with the GO.MS.75, dated: 19.11.19. Hence an Amount of Rs...may be sanctioned to be released to the respective account number.

Section Clerk

A/c section

Executive Officer

Check List:

1. Copy of Aadhar card
2. Income Certificate (Original): Yes /No
3. Bank Pass Book Xerox : Yes /No

Note: Each pilgrim shall submit individual application.