

ANDHRA PRADESH STATE HAJ COMMITTEE
(# 39-3-2, 3rd floor, R.K.Plaza, Masjid street, Labbipet, Vijayawada- 520010)
APPLICATION FORM FOR FINANCIAL ASSISTANCE - HAJ 2023

Application No: Haj/2023/_____

Date:_____/_____/2023

To
The Executive Officer, A.P.S.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:

Embarkation Point:

Contact Mobile No:

Income certificate submitted: Yes / No

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 / Pan Card / Voter ID.

2.Copies of Bank passbook, Passport and a photograph

OFFICE USE ONLY

All the documents received in respect of the applicant in Cover No.....submitted by 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 in the respective account number.

Section Clerk

A/c section

Executive Officer

Check List:

1. Copy of Aadhar card / Pan card / Voter Id (Any one)
2. Income Certificate (Original): Yes /No
3. Bank Pass Book Xerox : Yes /No
4. Copy of Passport : Yes /No

Note: Each pilgrim shall submit individual application.