NO. 1(10)/2012-AO (Ref)/HMS

Islamabad, the 6th December, 2012

Subject:- HUJJAJ MOHAFIZ SCHEME FOR HAJJ- 2012

As per Hajj Policy-2012 under Hujjaj Mohafiz Scheme, the following compensation will be provided to the Hujjaj against the losses such as death, road accident and emergency evacuation due to illness:-

<table>
<thead>
<tr>
<th>S.No</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Death due to natural causes, road accidents, suffocation or stamped</td>
<td>Rs.300,000/-</td>
</tr>
<tr>
<td>II.</td>
<td>Accidental disablement resulting to loss of one limb</td>
<td>Rs. 50,000/-</td>
</tr>
<tr>
<td>III.</td>
<td>Accidents resulting in permanent disablement of more than one limbs</td>
<td>Rs. 100,000/-</td>
</tr>
<tr>
<td>IV.</td>
<td>Repatriation/Emergency evacuation due to illness</td>
<td>Rs. 275,000/-</td>
</tr>
</tbody>
</table>

2. The claims may be submitted along with the following necessary documents relating to above causalities/incidents, if any, to Deputy Secretary (HO) Ministry of Religious Affairs, near G.P.O. Melody Islamabad, for payments of Compensation:-

i) Claim Form (duly signed by the nominee)
ii) Copy of CNIC of deceased/applicant
iii) Copy of CNIC of Nominee
iv) Copy of death/medical certificate
v) Affidavit duly signed by the family members (in case of death) in the name of the Nominee for payment of death claim along with their copy of CNIC. Under this scheme only blood relations/ husband/ wife can apply and fill claim forms for receipt of death compensation.

(Khalid Mahmood Khan)
Deputy Secretary (HO)
Ph. No.051-9205155
Claim Form
(Under Hujjaj Mohafiz Scheme)

Application No.

1. Name of Hajji:

2. Father/Husband Name:

3. Gender:

4. CNIC No.

5. Passport No.

6. Date of Departure: Gateway:

7. Date of Arrival from Hajj: Gateway:

8. Address: District:


10. Detail/Cause of Loss (Death/Disability/Illness):

11. Amount of Claim:

12. Supporting Documents* Attached:
   i. 
   ii. 
   iii. 
   iv. 
   v. 
   vi. 
   vii. 

* The detail of the supporting documents has been given on back side of page ii.
13. Name of Claimant (Self or Next of Kin/Nominee): ____________________________
14. Relationship with Hajji ________________________________________________
15. CNIC No. of Claimant _________________________________________________
16. Address of Claimant _________________________________________________
   __________________________________________ District: ________________
17. Contact: Phone No. ___________________ Cell No. ________________________
18. Name of Bank & Branch ______________________________________________
   __________________________________________ City: ________________ Bank Account No. __________________________

To:
M/o Religious Affairs,
Government of Pakistan
Islamabad.

Signature of Claimant
Date: __________________________