

Government of Pakistan
Ministry of Religious Affairs

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:-

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

2. The claims may be submitted alongwith 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 alongwith 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: _____
9. Contact: Phone No. _____ Cell No. _____
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. _____

Signature of Claimant
Date: _____

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