

BANK COPY  
CA ACCOUNT PAYINSLIP

State Bank of India  
BRANCH \_\_\_\_\_ CODE \_\_\_\_\_ DATE \_\_\_\_\_  
NOTE : Branches are requested to **return two copies** to the depositor duly stamped for the credit of the Account of (Name)  
**Haj Committee of India, Mumbai.** **Account No.** **30683623887**

**PARTICULARS OF PILGRIMS,** **Cover No.** \_\_\_\_\_  
Accommodation Category Opted: \_\_\_\_\_  
**Name** (Head of Cover) :- \_\_\_\_\_

Sr. No.	NAME OF THE PILGRIMS	ADDRESS OF HEAD OF COVER	CASH NOTE	AMOUNT IN RS.
			X 1000	Rs.
			X 500	Rs.
			X 100	Rs.
			X 50	Rs.
			X 20	Rs.
			X 10	Rs.
Total No. of Persons			X 5	Rs.
Amount (in words) Rupees _____			Total Rs.	Rs.

CASHIER'S SCROLL NO.	CASHIER	CASH OFFICER PASSING OFFICER	JOTTING BOOK	PARTITION NO.	DEPOSITED BY (SIGNATURE)	Bank Stamp to be affixed

COPY – HAJ COMMITTEE OF INDIA, MUMBAI.  
(Constituted under the Act of Parliament No.35 of 2002)  
HAJ HOUSE, 7-A, M.R.A. MARG, (PALTON ROAD), MUMBAI-400 001.  
CA ACCOUNT PAYINSLIP  
BANK COPY  
CA ACCOUNT PAYINSLIP

State Bank of India  
BRANCH \_\_\_\_\_ CODE \_\_\_\_\_ DATE \_\_\_\_\_  
NOTE : Branches are requested to **return two copies** to the depositor duly stamped for the credit of the Account of (Name)  
**Haj Committee of India, Mumbai.** **Account No.** **30683623887**

**PARTICULARS OF PILGRIMS,** **Cover No.** \_\_\_\_\_  
Accommodation Category Opted: \_\_\_\_\_  
**Name** (Head of Cover) :- \_\_\_\_\_

Sr. No.	NAME OF THE PILGRIMS	ADDRESS OF HEAD OF COVER	CASH NOTE	AMOUNT IN RS.
			X 1000	Rs.
			X 500	Rs.
			X 100	Rs.
			X 50	Rs.
			X 20	Rs.
			X 10	Rs.
Total No. of Persons			X 5	Rs.
Amount (in words) Rupees _____			Total Rs.	Rs.

CASHIER'S SCROLL NO.	CASHIER	CASH OFFICER PASSING OFFICER	JOTTING BOOK	PARTITION NO.	DEPOSITED BY (SIGNATURE)	Bank Stamp to be affixed

PILGRIM COPY  
CA ACCOUNT PAYINSLIP  
BANK COPY  
CA ACCOUNT PAYINSLIP

State Bank of India  
BRANCH \_\_\_\_\_ CODE \_\_\_\_\_ DATE \_\_\_\_\_  
NOTE : Branches are requested to **return two copies** to the depositor duly stamped for the credit of the Account of (Name)  
**Haj Committee of India, Mumbai.** **Account No.** **30683623887**

**PARTICULARS OF PILGRIMS,** **Cover No.** \_\_\_\_\_  
Accommodation Category Opted: \_\_\_\_\_  
**Name** (Head of Cover) :- \_\_\_\_\_

Sr. No.	NAME OF THE PILGRIMS	ADDRESS OF HEAD OF COVER	CASH NOTE	AMOUNT IN RS.
			X 1000	Rs.
			X 500	Rs.
			X 100	Rs.
			X 50	Rs.
			X 20	Rs.
			X 10	Rs.
Total No. of Persons			X 5	Rs.
Amount (in words) Rupees _____			Total Rs.	Rs.

CASHIER'S SCROLL NO.	CASHIER	CASH OFFICER PASSING OFFICER	JOTTING BOOK	PARTITION NO.	DEPOSITED BY (SIGNATURE)	Bank Stamp to be affixed

NOTE :- Xerox or Web down loaded copy of pay-in-slip may also be used for deposit of amount.