HAJ COMMITTEE OF INDIA

(Statutory body of Ministry of External Affairs)

1st COPY (HCol)

HAJ APPLICATION FORM FOR HAJ - 1436 (H) - 2015

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I certify that the information furnished above is true and correct.

MEDICAL SCREENING AND	FITNESS CERTIFICAT	ΓE
FULL NAME		
Past medical history of: Hypertension / DM (Diabetes Mellitus) / IHD (I Heart Disease / Stroke (Cerebrovascular accident) / chronic renal f psychiatry diseases:		Diabetic : Yes / No (Tick (✓) as applicable)
	BLOOD PRESSURE (✓) High-	Low- Normal-
It is certified that particulars mentioned above are correct and the app	licant is fit to undertake Haj journe	y.
News of the Dester		
Name of the Doctor		Seal
Signature / Thumb Impression of Applicant Verified by Registe	ered Medical Practioner (with comp	ete address, Seal & Signature)
SUBMIT HAF TO STATE/ UT HAJ COMMITTEE WITH FOLLOWING ENCLO	SURES (tick (✓) as a	oplicable):-
1. Proof of Address - Attach photocopy of any one of the following:	(()	
(a) Ration Card (b) Driving License (c) Electricity Bill (g) Election Commission Photo ID Card (g) Income Tax Assessme	(d) Telephone Bill (e) Water Bil	
2. Original International Passport	3. Copy of valid Internationa	al passport (self attested)
4. Original Bank Pay-in-slip	5. Copy of cheque/ bank pas	
6. Solemn Declaration (as applicable)	.,	
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1. I have read / understood the Guidelines for Haj 1436 (H)-2015 before f	illing this Haj Application Form, speci	fically with regard to Eligibility
(para-4), Payments and Confirmation (para-14), Cancellation (para-15)), Accommodation and Facilities in the	Kingdom of Saudi Arabia (para-
16),Flight(para-19),Baggage(para-22),Refunds(para-26)andlundert	=	5
2. I understand that HCol works without profit motive and thus does n		r Protection Act, 1985. Further I
understand that the Courts of Greater Mumbai only shall exercise ju 3 I authorise HCoI to procure Saudi Riyals on my behalf for disbursal / r		
4 I authorise HCoI to send SMS on my Mobile even if it is registered und		
	Signatu	re / Thumb Impression of Applicant
(FOR OFFICIA	L USE OF SHC)	
HAF checked by (Name)	Data Entry Done by (Name)	
Date : Signature	Date :	Signature
The State Haj Committee shall ensure that no ineligible Repeater's Haj A	Application is entertained and endors	sed to Haj Committee of India.
A). It is certified that all entries in the Haj Application have been checked and register for Haj-1436 (H) 2015 under this State/UT Quota.		_
B). The applicant is selected in Qurrah / as per priority in the waiting list as submitted to Haj Committee of India, Mumbai for further necessary action		and the required documents being

Executive Officer / Secretary, State/UT Haj Committee

HAJ COMMITTEE OF INDIA

(Statutory body of Ministry of External Affairs)

2nd COPY (SHC)

HAJ APPLICATION FORM FOR HAJ - 1436 (H) - 2015

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Executive Officer / Secretary, State/UT Haj Committee

(PAY-IN-SLIP to Deposit Rs.300/- per pilgrim and maximum of Rs.1,500/- only)

Code:

HAJ 1436 (H)-2015

Branch:

HAJ COMMITTEE OF INDIA

State Bank of India

BANK COPY

(BRANCH COPY)

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