

HAJ COMMITTEE OF INDIA

(Statutory body of Ministry of External Affairs)

1st COPY (HCoI)

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

FOR OFFICE USE ONLY

DATE OF RECEIPT	SERIAL NO.	COVER NUMBER	SEATS		Embarkation Point
			ADULT	INFANT	
					Serial Number Of HCoI

TO BE FILLED BY APPLICANT

1. CATEGORY: (Tick (✓) as appropriate)

(I) **Reserved-A (Age 70+)** (II) **Reserved-B (Fourth Timer)** (III) **General**

(I). If Reserved- A (Age 70+) give details of companion:

Name	
Relationship	

(II) a). If Reserved- B (Fourth Timer) give Cover Numbers of last 3 years:

Year 2012 Cover Number	Year 2013 Cover Number	Year 2014 Cover Number

(II) b). Are you a non-selected applicant of Reserved-B of Haj - 2014. Yes No

Applicant's Photograph

Paste your recent
passport size
colour photograph
(comprising 70% face)
having **WHITE**
BACKGROUND
(Size:3.5cm x 3.5 cm)

2. NAME OF COVER HEAD (Male adult only)

3. ACCOMMODATION CATEGORY : Tick (✓) the desired category **GREEN** **AZIZIA**

4. APPLICANT'S BIO DATA (As per International Passport)

Passport Number	Place of Issue
Date of Issue D D M M Y Y Y Y	Date of Expiry D D M M Y Y Y Y
Applicant's Name (Surname followed by Name)	
<input type="text"/>	
Date of Birth D D M M Y Y Y Y	Place of Birth
Gender:- Male <input type="checkbox"/> / Female <input type="checkbox"/>	Marital Status:- Married <input type="checkbox"/> / Unmarried <input type="checkbox"/>
Occupation :-	Educational Qualification:-
Father's Name	Spouse's Name
Mother's Name	

5. PRESENT RESIDENTIAL ADDRESS:

<input type="text"/>	Pin Code
District	State
Mobile Number	Email ID :-

6. DETAILS OF NOMINEE OF APPLICANT:

Name	
Father's / Husband's Name	
Relationship	Telephone/ Mobile No.
Address	
	Signature / Thumb Impression of Nominee
Pin Code	
District	State

7. NAME OF MEHRAM WITH RELATION (for female pilgrims only)

Name	
Relationship	
Passport Number	Signature / Thumb Impression of Mehram

8. APPLICANT'S BANK ACCOUNT DETAILS:

Name of the Bank	Branch code	Name of the Branch	IFS Code	Account No.

9. Are you NRI :- Yes No **10. Opting JOHFA Meeqat (only for Shia pilgrims):** Yes No

11. Are you a Repeater (only for Mehram/ companion of Age 70+ applicant) :- Yes No

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

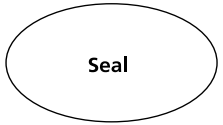
SIGNATURE / THUMB IMPRESSION OF THE APPLICANT

MEDICAL SCREENING AND FITNESS CERTIFICATE

FULL NAME Past medical history of: Hypertension / DM (Diabetes Mellitus) / IHD (Ischemic Heart Disease / Stroke (Cerebrovascular accident) / chronic renal failure / psychiatry diseases :	Blood Group: _____	Diabetic : Yes / No (Tick (✓) as applicable)
	BLOOD PRESSURE (✓) High- <input type="checkbox"/> Low- <input type="checkbox"/> Normal- <input type="checkbox"/>	

It is certified that particulars mentioned above are correct and the applicant is fit to undertake Haj journey.

Name of the Doctor _____
 Registration No. _____



Signature / Thumb Impression of Applicant _____ Verified by Registered Medical Practitioner (with complete address, Seal & Signature) _____

SUBMIT HAF TO STATE/ UT HAJ COMMITTEE WITH FOLLOWING ENCLOSURES (tick (✓) as applicable):-

- Proof of Address - Attach photocopy of any one of the following:
 - (a) Ration Card (b) Driving License (c) Electricity Bill (d) Telephone Bill (e) Water Bill (f) Gas Connection
 - (g) Election Commission Photo ID Card (h) Income Tax Assessment Order (i) Employee's Identity Card (l) Aadhar Card
- Original International Passport
- Original Bank Pay-in-slip
- Solemn Declaration (as applicable)
- Copy of valid International passport (self attested)
- Copy of cheque/ bank passbook/ bank certificate

UNDERTAKING

- I have read / understood the Guidelines for Haj 1436 (H)-2015 before filling this Haj Application Form, specifically 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) and undertake to abide by the same.
- I understand that HCol works without profit motive and thus does not attract the provisions of Consumer Protection Act, 1985. Further I understand that the Courts of Greater Mumbai only shall exercise jurisdiction in all matters of dispute.
- I authorise HCol to procure Saudi Riyals on my behalf for disbursement / remittance to CGI, Jeddah.
- I authorise HCol to send SMS on my Mobile even if it is registered under DND registry.

Signature / Thumb Impression of Applicant _____

(FOR OFFICIAL USE OF SHC)

HAF checked by (Name) _____ Date : _____ Signature _____	Data Entry Done by (Name) _____ Date : _____ Signature _____
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The State Haj Committee shall ensure that no ineligible Repeater's Haj Application is entertained and endorsed to Haj Committee of India.

A). It is certified that all entries in the Haj Application have been checked and found in order. **It is further certified that the applicant is ELIGIBLE to 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 against cancellation / additional quota, and the required documents being submitted to Haj Committee of India, Mumbai for further necessary action.

**Executive Officer / Secretary,
State/UT Haj Committee**

HAJ COMMITTEE OF INDIA

(Statutory body of Ministry of External Affairs)

2nd COPY (SHC)

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Occupation :-	Educational Qualification:-
Father's Name	Spouse's Name
Mother's Name	

5. PRESENT RESIDENTIAL ADDRESS:

District	State	Pin Code
Mobile Number	Email ID :-	

6. DETAILS OF NOMINEE OF APPLICANT:

Name	Relationship
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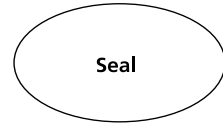
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FULL NAME Past medical history of: Hypertension / DM (Diabetes Mellitus) / IHD (Ischemic Heart Disease / Stroke (Cerebrovascular accident) / chronic renal failure / psychiatry diseases :	Blood Group: _____	Diabetic : Yes / No (Tick (✓) as applicable)
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Name of the Doctor _____
 Registration No. _____



Signature / Thumb Impression of Applicant

Verified by Registered Medical Practitioner (with complete address, Seal & Signature)

SUBMIT HAF TO STATE/ UT HAJ COMMITTEE WITH FOLLOWING ENCLOSURES (tick (✓) as applicable):-

1. Proof of Address - Attach photocopy of any one of the following:
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 - (g) Election Commission Photo ID Card (h) Income Tax Assessment Order (i) Employee's Identity Card (l) Aadhar Card
2. Original International Passport
3. Copy of valid International passport (self attested)
4. Original Bank Pay-in-slip
5. Copy of cheque/ bank passbook/ bank certificate
6. Solemn Declaration (as applicable)

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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)

State Bank
of India

Branch : HAJ COMMITTEE OF INDIA		Code : HAJ 1436 (H)-2015		BANK COPY (BRANCH COPY)	
COLLECTION - DETAILS					
ACCOUNT NUMBER : 34532361460 "HAJ PILGRIM PROCESSING FEE A/C – COLLECTION 2015"					
SBI REFERENCE NO. / PASSPORT NUMBER OF MAIN APPLICANT					
Name of the Head of Cover					
Deposited Date : - 2015			Mobile Number		
PARTICULARS OF THE PAYMENT :					
Sr. No.	NAME OF THE PILGRIM	ADDRESS OF HEAD OF COVER	CASH NOTE	AMOUNT IN RS.	
			x 1000	=	
			x 500	=	
			x 100	=	
			x 50	=	
			x 20	=	
			x 10	=	
			x 5	=	
Amount (In words) Rupee			Total Rs.	=	
Transaction ID (Bank journal No.)					
Branch Stamp with Signature			Deposited by		

HAJ COMMITTEE OF INDIA

Haj House, 7-A, M.R.A. Marg (Palton Road), Mumbai - 400 001.

Branch : HAJ COMMITTEE OF INDIA		Code : HAJ 1436 (H)-2015		HCoI COPY (HAJ COMMITTEE OF INDIA)	
COLLECTION - DETAILS					
ACCOUNT NUMBER : 34532361460 "HAJ PILGRIM PROCESSING FEE A/C – COLLECTION 2015"					
SBI REFERENCE NO. / PASSPORT NUMBER OF MAIN APPLICANT					
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Deposited Date : - 2015			Mobile Number		
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			x 100	=	
			x 50	=	
			x 20	=	
			x 10	=	
			x 5	=	
Amount (In words) Rupee			Total Rs.	=	
Transaction ID (Bank journal No.)					
Branch Stamp with Signature			Deposited by		

Branch : HAJ COMMITTEE OF INDIA		Code : HAJ 1436 (H)-2015		PILGRIM COPY	
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			x 10	=	
			x 5	=	
Amount (In words) Rupee			Total Rs.	=	
Transaction ID (Bank journal No.)					
Branch Stamp with Signature			Deposited by		

NOTE- photo copy of pay -in-slip may also be used for deposit of amount.

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

Union Bank of India

Branch : HAJ COMMITTEE OF INDIA	Code : HAJ 1436 (H)-2015	BANK COPY (BRANCH COPY)
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COLLECTION - DETAILS

ACCOUNT NUMBER : 318702010406010 (HAJ PROCESSING FEE ACCOUNT)											
UBI REFERENCE NO. / PASSPORT NUMBER OF MAIN APPLICANT											
Name of the Head of Cover											
Date of Deposit : - - 2015						Mobile Number					

PARTICULARS OF THE PAYMENT :

Sr. No.	NAME OF THE PILGRIM	ADDRESS OF HEAD OF COVER	CASH NOTE	AMOUNT IN RS.
			x 1000	=
			x 500	=
			x 100	=
			x 50	=
			x 20	=
			x 10	=
			x 5	=
Amount (In words) Rupee _____			Total Rs.	=

Transaction ID (Bank journal No.)											
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Branch Stamp with Signature	Deposited by
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HAJ COMMITTEE OF INDIA

Haj House, 7-A, M.R.A. Marg (Palton Road, Mumbai - 400 001.

Branch : HAJ COMMITTEE OF INDIA	Code : HAJ 1436 (H)-2015	HCoI COPY (BRANCH COPY)
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ACCOUNT NUMBER : 318702010406010 (HAJ PROCESSING FEE ACCOUNT)											
UBI REFERENCE NO. / PASSPORT NUMBER OF MAIN APPLICANT											
Name of the Head of Cover											
Date of Deposit : - - 2015						Mobile Number					

PARTICULARS OF THE PAYMENT :

Sr. No.	NAME OF THE PILGRIM	ADDRESS OF HEAD OF COVER	CASH NOTE	AMOUNT IN RS.
			x 1000	=
			x 500	=
			x 100	=
			x 50	=
			x 20	=
			x 10	=
			x 5	=
Amount (In words) Rupee _____			Total Rs.	=

Transaction ID (Bank journal No.)											
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Branch Stamp with Signature	Deposited by
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Branch : HAJ COMMITTEE OF INDIA	Code : HAJ 1436 (H)-2015	PILGRIM COPY
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