

# HAJ COMMITTEE OF INDIA

(Constituted under the Act of Parliament No. 35 of 2002)

## APPLICATION FOR HAJ - 1431 (H) – 2010

TO BE SUBMITTED THROUGH CONCERNED STATE HAJ COMMITTEE ONLY

Head of the cover - I

FOR OFFICE USE ONLY															
DATE OF RECEIPT		SERIAL NO.		COVER NUMBER						SEATS					
										ADULT	INFANT				
Embarkation Point:-						SERIAL NUMBER OF HCOI									
1. Amount to be deposited in Account No. <b>31136268352</b>								The copy of pay-In-slip should be attached							
Bank reference Number															
Amount				Name of Branch											
Branch Code No.				Receipt Date											
2. ACCOMMODATION STATUS : tick the desired						I <sup>st</sup> <b>GREEN</b>	II <sup>nd</sup> <b>WHITE</b>	III <sup>rd</sup> <b>AZIZIA</b>	IV <sup>th</sup> <b>EXEMPTION (Rubat Name)</b>						
MEEQAT FOR SHIA PILGRIMS:- <b>JOHFA</b> - Yes <input type="checkbox"/>						No <input type="checkbox"/>									
3. DETAILS AS PER INTERNATIONAL PASSPORT. (valid International passport should be attached)															
Passport Number						Place of Issue									
Date of Issue						Date of Expiry									
Applicant:- Surname															
Given Name															
Father's Full Name															
Mother's Name						Spouse Name									
Present Residential Address, Including Street No. with PIN code															
PIN CODE															
District						State									
Telephone Number with Code No. :-								Mobile No. :-							
SEX - Male / Female		Nationality - INDIAN		Occupation :-				MARITAL STATUS MARRIED / UNMARRIED							
Identification Mark :-						EDU. QUALI :-									
Date of Birth				Age :-		Place of Birth									
4. NAME & RELATION OF HOLDER'S NOMINEE OR LEGAL REPRESENTATIVES:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies occurred in Saudi Arabia)															
Full Name															
Relationship															
Address															
												Signature / Thumb Impression of Nominee			
Telephone Number with Code No. :-						Mobile No.									
5. NAME OF MEHRAM WITH RELATION (for female pilgrims only)															
Name															
Relationship												Signature / Thumb Impression of Mehram :-			
6. DETAILS REQUIRED FOR REFUND IF ANY															
Name of the Bank						Name of Branch									
Account No.						Branch Code No.									
IFSC Code						MICR Code									
7. SPECIAL REQUIREMENT, IF ANY: _____															

**Photo of the applicant**

Paste your recent colour passport size photograph having  
WHITE BACKGROUND  
(Size:3.5 x 3.5 cms)

I certify that I have gone through the guidelines of Haj - 1431 (H) – 2010 and I undertake to abide by the same.

**SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT**

### CERTIFICATE OF PHYSICAL FITNESS

This is to certify that Mr/ Mrs/ Ms. \_\_\_\_\_ son/ wife/ daughter of Mr. \_\_\_\_\_ resident of \_\_\_\_\_ is physically fit to undertake the journey to Saudi Arabia for Haj Pilgrimage and is not suffering from (i) Pulmonary Tuberculosis (ii) Infectious Leprosy (iii) Respiratory/ cardiac ailment (iv) Other serious disease and is not crippled/handicapped or having any other disability. It is also certified that the applicant appears to be of the age recorded in the application form and his/her blood group is indicated in the relevant columns.

SIGNATURE OF MEDICAL PRACTITIONER WITH COMPLETE ADDRESS	BLOOD GROUP	BLOOD PRESSURE(	RESPIRATORY AILMENT	CARDIAC AILMENT
		High ( )		
		Low ( )	Minor ailments if any ( )	
	Normal ( )	Myopia ( )	Diabetic ( )	
		Allergic to		

## SOLEMN DECLARATION BY THE APPLICANT

I \_\_\_\_\_ s/o, w/o, d/o. \_\_\_\_\_  
Resident of \_\_\_\_\_ hereby declare on oath that:-

1. I am an Indian National and intend to perform Haj – 1431 (H) – 2010 through Haj Committee of India, Mumbai.
2. I have read & understood the announcement instruction & guidelines for Haj – 1431 (H) – 2010 issued by the Haj Committee of India, Mumbai and I have recorded all the particulars in the spirit of the announcement instructions & guidelines.
3. I solemnly declare that I am a Muslim and have not performed Haj during the last five years (viz. 2006 – 2009) and understand that the amount deposited by me shall stand forfeited and prosecution proceedings can be initiated against me in case this statement is found to be incorrect.
4. I have read the instructions with regard to Mehram and hereby agree that in case of false information, if any, found in my Application Form, the same is liable to be rejected and the amount deposited along with the Application Form may be forfeited.
5. I declare on oath that particulars recorded by me in this Application Form are true and correct to the best of my knowledge.
6. I understand fully well that as per regulations prescribed by Royal Kingdom of Saudi Arabia, Haj Pilgrims are required to stay in the accommodation licensed by the Saudi Authorities & rented through Moassasa for which the amount agreed upon by the Haj Committee of India and South Asian Moassasa shall be deducted from the amount of foreign exchange payable to me. I undertake to abide by all the regulations prescribed in this regard.
7. I also understand that I will have to travel as per allotment made by the Haj Committee of India, Mumbai and I am not entitled to get it changed as a matter of right. I further understand that in case of cancellation of travel by me the Haj Committee of India, Mumbai is entitled to deduct / forfeit the amount as per norms laid down in the Guidelines for Haj – 1431 (H) – 2010.
8. I understand that the Haj Committee of India's area of functioning is confined to India only, I would, therefore, not blame the Haj Committee of India for any incidental problems in Saudi Arabia.
9. I am aware of topography of Makkah Mukarramah and the difficulties the Pilgrims may face during the Haj Days in respect of accommodation. I fully understand that Haj Committee of India has no control in Saudi Arabia and for any inconvenience, I will not unnecessarily blame the Haj Committee of India, Mumbai.
10. I am not suffering from any communicable disease, disability or mental disorder.
11. I declare that no criminal case is pending against me in any Court in India and no orders prohibiting me from proceeding for Haj Pilgrimage have been passed by any Court.
12. I understand that in case of death, due to natural causes or accident during Haj period, a Pilgrim is, as per prevailing local practice, buried in the Kingdom of Saudi Arabia and I have no objection to this.
13. I authorize Haj Committee of India to obtain Foreign Exchange on my behalf for Compulsory Dues, Accommodation Rentals and Saudi Arabian Riyals in Cash to me.
14. I understand that Haj Committee of India, constituted under the Act of Parliament renders service to the Pilgrim without any consideration. I also understand that the services of Haj Committee of India are free of charge. The Haj Committee of India, as such, does not come within the purview of Consumer Protection Act of 1986. I therefore, shall not claim any compensation against Haj Committee of India under Consumer Protection Act.
15. I understand that the Courts of Greater Mumbai only shall exercise Jurisdiction in all matters of dispute.

Cover No. \_\_\_\_\_

Signature/Thumb Impression of the Applicant \_\_\_\_\_

### UNDERTAKING

(A) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I am a Muslim and have not performed Haj during last five years viz. Block Year 2006 – 2009 and I am submitting my Haj Application Form for undertaking Haj – 1431 (H) – 2010.

I also understand that in case of suppression of material information and false declaration the amount deposited by me shall stand forfeited at any stage of my journey and prosecution proceedings shall be initiated against me.

(B) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that in case of my selection for Haj under the aegis of Haj Committee of India, I shall carry one hard top suitcase of standard size, having total dimension of (62") and maximum weight of 30 Kgs., beside another suitcase having total dimension of (44") and maximum weight of 15 Kgs., and one handbag of standard size (22") x (16") x (8") having maximum weight of 10 Kgs., which must be suitable for placing in the closed overhead rack or under the passenger seat. I shall not carry baggage items other than the specified suitcase and handbag. Haj Committee of India will not be responsible for extra baggage

I also understand and say that non-compliance may lead to cancellation of my journey and forfeiture of the amount deposited at any stage of my journey.

(C) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I have no objection if the ACCOMMODATION CATEGORY is changed by Haj Committee of India at the time of allotment in case of non-availability of accommodation in the category opted by me. I will pay the excess amount, if any, payable by me in case of allotment of accommodation in higher category or accept the lower category of accommodation and refund of the difference of the amount on account of allotment of lower category.

Signature / Thumb Impression of the Applicant \_\_\_\_\_

<b>Photo of the applicant</b>  Paste your recent colour passport size photograph having WHITE BACKGROUND (Size:3.5 x 3.5 cms)
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### ATTESTATION CERTIFICATE

**NOTE : PLEASE ENSURE THAT YOU ARE ISSUING A CORRECT CERTIFICATE.**

Certified that the particulars recorded in the Application Form are correct to the best of my knowledge and that the applicant is a bonafide local resident and that he/she has signed that declaration/undertaking given above in my presence.

Name in full of the attesting authority \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

SEAL

The State Haj Committee shall ensure that no repeater's Haj Application is entertained and endorsed to Haj Committee of India.

**The entries in respect of Domicile, Permanent Address, Attestation Certificate, Medical Certificate, have been checked and found in order. Clearances, whatever required obtained. The Application is forwarded to the Haj Committee of India, Mumbai for further necessary action.**

Executive Officer / Secretary,  
State Haj Committee

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## APPLICATION FOR HAJ - 1431 (H) – 2010

TO BE SUBMITTED THROUGH CONCERNED STATE HAJ COMMITTEE ONLY

**Co-applicant - 2**

FOR OFFICE USE ONLY															
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										ADULT	INFANT				
Embarkation Point:-						SERIAL NUMBER OF HCOI									
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Amount				Name of Branch											
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MEEQAT FOR SHIA PILGRIMS:- <b>JOHFA</b> - Yes <input type="checkbox"/>				No <input type="checkbox"/>											
3. DETAILS AS PER INTERNATIONAL PASSPORT. (valid International passport should be attached)															
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Present Residential Address, Including Street No. with PIN code															
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Telephone Number with Code No. :-								Mobile No. :-							
SEX - Male / Female		Nationality - INDIAN		Occupation :-						MARITAL STATUS MARRIED / UNMARRIED					
Identification Mark :-								EDU. QUALI :-							
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4. NAME & RELATION OF HOLDER'S NOMINEE OR LEGAL REPRESENTATIVES:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies occurred in Saudi Arabia)															
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Telephone Number with Code No. :-								Mobile No.							
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Name of the Bank						Name of Branch									
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**Photo of the applicant**

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(Size:3.5 x 3.5 cms)

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		High ( )			
		Low ( )		Minor ailments if any ( )	
		Normal ( )		Myopia ( )	Diabetic ( )
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# SOLEMN DECLARATION BY THE APPLICANT

I \_\_\_\_\_ s/o, w/o, d/o. \_\_\_\_\_  
Resident of \_\_\_\_\_ hereby declare on oath that:-

16. I am an Indian National and intend to perform Haj – 1431 (H) – 2010 through Haj Committee of India, Mumbai.
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18. I solemnly declare that I am a Muslim and have not performed Haj during the last five years (viz. 2006 – 2009) and understand that the amount deposited by me shall stand forfeited and prosecution proceedings can be initiated against me in case this statement is found to be incorrect.
19. I have read the instructions with regard to Mehram and hereby agree that in case of false information, if any, found in my Application Form, the same is liable to be rejected and the amount deposited along with the Application Form may be forfeited.
20. I declare on oath that particulars recorded by me in this Application Form are true and correct to the best of my knowledge.
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24. I am aware of topography of Makkah Mukarramah and the difficulties the Pilgrims may face during the Haj Days in respect of accommodation. I fully understand that Haj Committee of India has no control in Saudi Arabia and for any inconvenience, I will not unnecessarily blame the Haj Committee of India, Mumbai.
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Cover No. \_\_\_\_\_

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## ATTESTATION CERTIFICATE

### Photo of the applicant

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colour passport size  
photograph  
having  
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Cover No. \_\_\_\_\_

Signature/Thumb Impression of the Applicant \_\_\_\_\_

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Signature / Thumb Impression of the Applicant \_\_\_\_\_

<b>Photo of the applicant</b>
Paste your recent colour passport size photograph having WHITE BACKGROUND (Size:3.5 x 3.5 cms)

### ATTESTATION CERTIFICATE

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Name in full of the attesting authority \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

SEAL

The State Haj Committee shall ensure that no repeater's Haj Application is entertained and endorsed to Haj Committee of India.

**The entries in respect of Domicile, Permanent Address, Attestation Certificate, Medical Certificate, have been checked and found in order. Clearances, whatever required obtained. The Application is forwarded to the Haj Committee of India, Mumbai for further necessary action.**

Executive Officer / Secretary,  
State Haj Committee

# HAJ COMMITTEE OF INDIA

(Constituted under the Act of Parliament No. 35 of 2002)

## APPLICATION FOR HAJ - 1431 (H) – 2010

TO BE SUBMITTED THROUGH CONCERNED STATE HAJ COMMITTEE ONLY

**Co-applicant - 4**

FOR OFFICE USE ONLY												
DATE OF RECEIPT		SERIAL NO.		COVER NUMBER				SEATS				
								ADULT	INFANT			
Embarkation Point:-				SERIAL NUMBER OF HCOI								
1. Amount to be deposited in Account No. <b>31136268352</b>								The copy of pay-In-slip should be attached				
Bank reference Number												
Amount				Name of Branch								
Branch Code No.				Receipt Date								
2. ACCOMMODATION STATUS : tick the desired				I <sup>st</sup> <b>GREEN</b>	II <sup>nd</sup> <b>WHITE</b>	III <sup>rd</sup> <b>AZIZIA</b>	IV <sup>th</sup> <b>EXEMPTION (Rubat Name)</b>					
MEEQAT FOR SHIA PILGRIMS:- <b>JOHFA</b> - Yes <input type="checkbox"/> No <input type="checkbox"/>												
3. DETAILS AS PER INTERNATIONAL PASSPORT. (valid International passport should be attached)												
Passport Number						Place of Issue						
Date of Issue						Date of Expiry						
Applicant:- Surname												
Given Name												
Father's Full Name												
Mother's Name						Spouse Name						
Present Residential Address, Including Street No. with PIN code												
PIN CODE												
District						State						
Telephone Number with Code No. :-						Mobile No. :-						
SEX - Male / Female		Nationality - INDIAN		Occupation :-				MARITAL STATUS MARRIED / UNMARRIED				
Identification Mark :-						EDU. QUALI :-						
Date of Birth				Age :-		Place of Birth						
4. NAME & RELATION OF HOLDER'S NOMINEE OR LEGAL REPRESENTATIVES:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies occurred in Saudi Arabia)												
Full Name												
Relationship												
Address												
						Signature / Thumb Impression of Nominee						
Telephone Number with Code No. :-						Mobile No.						
5. NAME OF MEHRAM WITH RELATION (for female pilgrims only)												
Name												
Relationship						Signature / Thumb Impression of Mehram :-						
6. DETAILS REQUIRED FOR REFUND IF ANY												
Name of the Bank						Name of Branch						
Account No.						Branch Code No.						
IFSC Code						MICR Code						

**Photo of the applicant**

Paste your recent colour passport size photograph having  
WHITE BACKGROUND  
(Size:3.5 x 3.5 cms)

7. SPECIAL REQUIREMENT, IF ANY: \_\_\_\_\_

**I certify that I have gone through the guidelines of Haj - 1431 (H) – 2010 and I undertake to abide by the same.**

**SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT**

### CERTIFICATE OF PHYSICAL FITNESS

This is to certify that Mr/ Mrs/ Ms. \_\_\_\_\_ son/ wife/ daughter of Mr. \_\_\_\_\_ resident of \_\_\_\_\_ is physically fit to undertake the journey to Saudi Arabia for Haj Pilgrimage and is not suffering from (i) Pulmonary Tuberculosis (ii) Infectious Leprosy (iii) Respiratory/ cardiac ailment (iv) Other serious disease and is not crippled/handicapped or having any other disability. It is also certified that the applicant appears to be of the age recorded in the application form and his/her blood group is indicated in the relevant columns.

SIGNATURE OF MEDICAL PRACTITIONER WITH COMPLETE ADDRESS	BLOOD GROUP	BLOOD PRESSURE(		RESPIRATORY AILMENT	CARDIAC AILMENT
		High ( )			
		Low ( )		Minor ailments if any ( )	
		Normal ( )		Myopia ( )	Diabetic ( )
				Allergic to	

## SOLEMN DECLARATION BY THE APPLICANT

I \_\_\_\_\_ s/o, w/o, d/o. \_\_\_\_\_  
Resident of \_\_\_\_\_ hereby declare on oath that:-

46. I am an Indian National and intend to perform Haj – 1431 (H) – 2010 through Haj Committee of India, Mumbai.
47. I have read & understood the announcement instruction & guidelines for Haj – 1431 (H) – 2010 issued by the Haj Committee of India, Mumbai and I have recorded all the particulars in the spirit of the announcement instructions & guidelines.
48. I solemnly declare that I am a Muslim and have not performed Haj during the last five years (viz. 2006 – 2009) and understand that the amount deposited by me shall stand forfeited and prosecution proceedings can be initiated against me in case this statement is found to be incorrect.
49. I have read the instructions with regard to Mehram and hereby agree that in case of false information, if any, found in my Application Form, the same is liable to be rejected and the amount deposited along with the Application Form may be forfeited.
50. I declare on oath that particulars recorded by me in this Application Form are true and correct to the best of my knowledge.
51. I understand fully well that as per regulations prescribed by Royal Kingdom of Saudi Arabia, Haj Pilgrims are required to stay in the accommodation licensed by the Saudi Authorities & rented through Moassasa for which the amount agreed upon by the Haj Committee of India and South Asian Moassasa shall be deducted from the amount of foreign exchange payable to me. I undertake to abide by all the regulations prescribed in this regard.
52. I also understand that I will have to travel as per allotment made by the Haj Committee of India, Mumbai and I am not entitled to get it changed as a matter of right. I further understand that in case of cancellation of travel by me the Haj Committee of India, Mumbai is entitled to deduct / forfeit the amount as per norms laid down in the Guidelines for Haj – 1431 (H) – 2010.
53. I understand that the Haj Committee of India's area of functioning is confined to India only, I would, therefore, not blame the Haj Committee of India for any incidental problems in Saudi Arabia.
54. I am aware of topography of Makkah Mukarramah and the difficulties the Pilgrims may face during the Haj Days in respect of accommodation. I fully understand that Haj Committee of India has no control in Saudi Arabia and for any inconvenience, I will not unnecessarily blame the Haj Committee of India, Mumbai.
55. I am not suffering from any communicable disease, disability or mental disorder.
56. I declare that no criminal case is pending against me in any Court in India and no orders prohibiting me from proceeding for Haj Pilgrimage have been passed by any Court.
57. I understand that in case of death, due to natural causes or accident during Haj period, a Pilgrim is, as per prevailing local practice, buried in the Kingdom of Saudi Arabia and I have no objection to this.
58. I authorize Haj Committee of India to obtain Foreign Exchange on my behalf for Compulsory Dues, Accommodation Rentals and Saudi Arabian Riyals in Cash to me.
59. I understand that Haj Committee of India, constituted under the Act of Parliament renders service to the Pilgrim without any consideration. I also understand that the services of Haj Committee of India are free of charge. The Haj Committee of India, as such, does not come within the purview of Consumer Protection Act of 1986. I therefore, shall not claim any compensation against Haj Committee of India under Consumer Protection Act.
60. I understand that the Courts of Greater Mumbai only shall exercise Jurisdiction in all matters of dispute.

Cover No. \_\_\_\_\_

Signature/Thumb Impression of the Applicant

### UNDERTAKING

(A) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I am a Muslim and have not performed Haj during last five years viz. Block Year 2006 – 2009 and I am submitting my Haj Application Form for undertaking Haj – 1431 (H) – 2010.

I also understand that in case of suppression of material information and false declaration the amount deposited by me shall stand forfeited at any stage of my journey and prosecution proceedings shall be initiated against me.

(B) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that in case of my selection for Haj under the aegis of Haj Committee of India, I shall carry one hard top suitcase of standard size, having total dimension of (62") and maximum weight of 30 Kgs., beside another suitcase having total dimension of (44") and maximum weight of 15 Kgs., and one handbag of standard size (22") x (16") x (8") having maximum weight of 10 Kgs., which must be suitable for placing in the closed overhead rack or under the passenger seat. I shall not carry baggage items other than the specified suitcase and handbag. Haj Committee of India will not be responsible for extra baggage

I also understand and say that non-compliance may lead to cancellation of my journey and forfeiture of the amount deposited at any stage of my journey.

(C) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I have no objection if the ACCOMMODATION CATEGORY is changed by Haj Committee of India at the time of allotment in case of non-availability of accommodation in the category opted by me. I will pay the excess amount, if any, payable by me in case of allotment of accommodation in higher category or accept the lower category of accommodation and refund of the difference of the amount on account of allotment of lower category.

Signature / Thumb Impression of the Applicant

<b>Photo of the applicant</b>  Paste your recent colour passport size photograph having WHITE BACKGROUND (Size:3.5 x 3.5 cms)
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### ATTESTATION CERTIFICATE

**NOTE : PLEASE ENSURE THAT YOU ARE ISSUING A CORRECT CERTIFICATE.**

Certified that the particulars recorded in the Application Form are correct to the best of my knowledge and that the applicant is a bonafide local resident and that he/she has signed that declaration/undertaking given above in my presence.

Name in full of the attesting authority \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

SEAL

The State Haj Committee shall ensure that no repeater's Haj Application is entertained and endorsed to Haj Committee of India.

**The entries in respect of Domicile, Permanent Address, Attestation Certificate, Medical Certificate, have been checked and found in order. Clearances, whatever required obtained. The Application is forwarded to the Haj Committee of India, Mumbai for further necessary action.**

Executive Officer / Secretary,  
State Haj Committee

# HAJ COMMITTEE OF INDIA

(Constituted under the Act of Parliament No. 35 of 2002)

## APPLICATION FOR HAJ - 1431 (H) – 2010

TO BE SUBMITTED THROUGH CONCERNED STATE HAJ COMMITTEE ONLY

**Co-applicant - 5**

FOR OFFICE USE ONLY											
DATE OF RECEIPT		SERIAL NO.		COVER NUMBER				SEATS			
								ADULT	INFANT		
Embarkation Point:-				SERIAL NUMBER OF HCOI							
1. Amount to be deposited in Account No. <b>31136268352</b>						The copy of pay-In-slip should be attached					
Bank reference Number											
Amount				Name of Branch							
Branch Code No.				Receipt Date							
2. ACCOMMODATION STATUS : tick the desired				I <sup>st</sup> <b>GREEN</b>		II <sup>nd</sup> <b>WHITE</b>		III <sup>rd</sup> <b>AZIZIA</b>		IV <sup>th</sup> <b>EXEMPTION (Rubat Name)</b>	
MEEQAT FOR SHIA PILGRIMS:- <b>JOHFA</b> - Yes <input type="checkbox"/>				No <input type="checkbox"/>							
3. DETAILS AS PER INTERNATIONAL PASSPORT. (valid International passport should be attached)											
Passport Number						Place of Issue					
Date of Issue						Date of Expiry					
Applicant:- Surname											
Given Name											
Father's Full Name											
Mother's Name						Spouse Name					
Present Residential Address, Including Street No. with PIN code											
PIN CODE											
District						State					
Telephone Number with Code No. :-						Mobile No. :-					
SEX - Male / Female		Nationality - INDIAN		Occupation :-				MARITAL STATUS MARRIED / UNMARRIED			
Identification Mark :-						EDU. QUALI :-					
Date of Birth				Age :-		Place of Birth					
4. NAME & RELATION OF HOLDER'S NOMINEE OR LEGAL REPRESENTATIVES:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies occurred in Saudi Arabia)											
Full Name											
Relationship											
Address											
						Signature / Thumb Impression of Nominee					
Telephone Number with Code No. :-						Mobile No.					
5. NAME OF MEHRAM WITH RELATION (for female pilgrims only)											
Name											
Relationship						Signature / Thumb Impression of Mehram :-					
6. DETAILS REQUIRED FOR REFUND IF ANY											
Name of the Bank						Name of Branch					
Account No.						Branch Code No.					
IFSC Code						MICR Code					

7. SPECIAL REQUIREMENT, IF ANY: \_\_\_\_\_

**I certify that I have gone through the guidelines of Haj - 1431 (H) – 2010 and I undertake to abide by the same.**

**SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT**

### CERTIFICATE OF PHYSICAL FITNESS

This is to certify that Mr/ Mrs/ Ms. \_\_\_\_\_ son/ wife/ daughter of Mr. \_\_\_\_\_ resident of \_\_\_\_\_ is physically fit to undertake the journey to Saudi Arabia for Haj Pilgrimage and is not suffering from (i) Pulmonary Tuberculosis (ii) Infectious Leprosy (iii) Respiratory/ cardiac ailment (iv) Other serious disease and is not crippled/handicapped or having any other disability. It is also certified that the applicant appears to be of the age recorded in the application form and his/her blood group is indicated in the relevant columns.

SIGNATURE OF MEDICAL PRACTITIONER WITH COMPLETE ADDRESS

BLOOD GROUP	BLOOD PRESSURE(
	High ( )
	Low ( )
	Normal ( )

RESPIRATORY AILMENT	CARDIAC AILMENT
Minor ailments if any ( )	
Myopia ( )	Diabetic ( )
Allergic to	

**SOLEMN DECLARATION BY THE APPLICANT**

I \_\_\_\_\_ s/o, w/o, d/o. \_\_\_\_\_  
Resident of \_\_\_\_\_ hereby declare on oath that:-

- 61. I am an Indian National and intend to perform Haj – 1431 (H) – 2010 through Haj Committee of India, Mumbai.
- 62. I have read & understood the announcement instruction & guidelines for Haj – 1431 (H) – 2010 issued by the Haj Committee of India, Mumbai and I have recorded all the particulars in the spirit of the announcement instructions & guidelines.
- 63. I solemnly declare that I am a Muslim and have not performed Haj during the last five years (viz. 2006 – 2009) and understand that the amount deposited by me shall stand forfeited and prosecution proceedings can be initiated against me in case this statement is found to be incorrect.
- 64. I have read the instructions with regard to Mehram and hereby agree that in case of false information, if any, found in my Application Form, the same is liable to be rejected and the amount deposited along with the Application Form may be forfeited.
- 65. I declare on oath that particulars recorded by me in this Application Form are true and correct to the best of my knowledge.
- 66. I understand fully well that as per regulations prescribed by Royal Kingdom of Saudi Arabia, Haj Pilgrims are required to stay in the accommodation licensed by the Saudi Authorities & rented through Moassasa for which the amount agreed upon by the Haj Committee of India and South Asian Moassasa shall be deducted from the amount of foreign exchange payable to me. I undertake to abide by all the regulations prescribed in this regard.
- 67. I also understand that I will have to travel as per allotment made by the Haj Committee of India, Mumbai and I am not entitled to get it changed as a matter of right. I further understand that in case of cancellation of travel by me the Haj Committee of India, Mumbai is entitled to deduct / forfeit the amount as per norms laid down in the Guidelines for Haj – 1431 (H) – 2010.
- 68. I understand that the Haj Committee of India's area of functioning is confined to India only, I would, therefore, not blame the Haj Committee of India for any incidental problems in Saudi Arabia.
- 69. I am aware of topography of Makkah Mukarramah and the difficulties the Pilgrims may face during the Haj Days in respect of accommodation. I fully understand that Haj Committee of India has no control is Saudi Arabia and for any inconvenience, I will not unnecessarily blame the Haj Committee of India, Mumbai.
- 70. I am not suffering from any communicable disease, disability or mental disorder.
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- 73. I authorize Haj Committee of India to obtain Foreign Exchange on my behalf for Compulsory Dues, Accommodation Rentals and Saudi Arabian Riyals in Cash to me.
- 74. I understand that Haj Committee of India, constituted under the Act of Parliament renders service to the Pilgrim without any consideration. I also understand that the services of Haj Committee of India are free of charge. The Haj Committee of India, as such, does not come within the purview of Consumer Protection Act of 1986. I therefore, shall not claim any compensation against Haj Committee of India under Consumer Protection Act.
- 75. I understand that the Courts of Greater Mumbai only shall exercise Jurisdiction in all matters of dispute.

Cover No. \_\_\_\_\_

Signature/Thumb Impression of the Applicant

**UNDERTAKING**

(A) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I am a Muslim and have not performed Haj during last five years viz. Block Year 2006 – 2009 and I am submitting my Haj Application Form for undertaking Haj – 1431 (H) – 2010.

I also understand that in case of suppression of material information and false declaration the amount deposited by me shall stand forfeited at any stage of my journey and prosecution proceedings shall be initiated against me.

(B) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that in case of my selection for Haj under the aegis of Haj Committee of India, I shall carry one hard top suitcase of standard size, having total dimension of (62") and maximum weight of 30 Kgs., beside another suitcase having total dimension of (44") and maximum weight of 15 Kgs., and one handbag of standard size (22") x (16") x (8") having maximum weight of 10 Kgs., which must be suitable for placing in the closed overhead rack or under the passenger seat. I shall not carry baggage items other than the specified suitcase and handbag. Haj Committee of India will not be responsible for extra baggage

I also understand and say that non-compliance may lead to cancellation of my journey and forfeiture of the amount deposited at any stage of my journey.

(C) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I have no objection if the ACCOMMODATION CATEGORY is changed by Haj Committee of India at the time of allotment in case of non-availability of accommodation in the category opted by me. I will pay the excess amount, if any, payable by me in case of allotment of accommodation in higher category or accept the lower category of accommodation and refund of the difference of the amount on account of allotment of lower category.

Signature / Thumb Impression of the Applicant

**ATTESTATION CERTIFICATE**

**NOTE : PLEASE ENSURE THAT YOU ARE ISSUING A CORRECT CERTIFICATE.**

Certified that the particulars recorded in the Application Form are correct to the best of my knowledge and that the applicant is a bonafide local resident and that he/she has signed that declaration/undertaking given above in my presence.

Name in full of the attesting authority \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

SEAL

**Photo of the applicant**

Paste your recent colour passport size photograph having WHITE BACKGROUND (Size:3.5 x 3.5 cms)

The State Haj Committee shall ensure that no repeater's Haj Application is entertained and endorsed to Haj Committee of India.

**The entries in respect of Domicile, Permanent Address, Attestation Certificate, Medical Certificate, have been checked and found in order. Clearances, whatever required obtained. The Application is forwarded to the Haj Committee of India, Mumbai for further necessary action.**

Executive Officer / Secretary,  
State Haj Committee

# HAJ COMMITTEE OF INDIA

(Constituted under the Act of Parliament No. 35 of 2002)

## APPLICATION FOR HAJ - 1431 (H) – 2010

TO BE SUBMITTED THROUGH CONCERNED STATE HAJ COMMITTEE ONLY

**Infant - 1**

FOR OFFICE USE ONLY												SEATS	
DATE OF RECEIPT	SERIAL NO.	COVER NUMBER					ADULT	INFANT					
Embarkation Point:-					SERIAL NUMBER OF HCOI								
1. Amount to be deposited in Account No. <b>31136268352</b>								The copy of pay-In-slip should be attached					
Bank reference Number													
Amount				Name of Branch									
Branch Code No.				Receipt Date									
2. ACCOMMODATION STATUS : tick the desired						I <sup>st</sup> <b>GREEN</b>	II <sup>nd</sup> <b>WHITE</b>	III <sup>rd</sup> <b>AZIZIA</b>	IV <sup>th</sup> <b>EXEMPTION (Rubat Name)</b>				
MEEQAT FOR SHIA PILGRIMS:- <b>JOHFA</b> - Yes <input type="checkbox"/> No <input type="checkbox"/>													
3. DETAILS AS PER INTERNATIONAL PASSPORT. (valid International passport should be attached)													
Passport Number						Place of Issue							
Date of Issue						Date of Expiry							
Applicant:- Surname													
Given Name													
Father's Full Name													
Mother's Name						Spouse Name							
Present Residential Address, Including Street No. with PIN code													
										PIN CODE			
District						State							
Telephone Number with Code No. :-						Mobile No. :-							
SEX - Male / Female		Nationality - INDIAN		Occupation :-				MARITAL STATUS MARRIED / UNMARRIED					
Identification Mark :-						EDU. QUALI :-							
Date of Birth				Age :-		Place of Birth							
4. NAME & RELATION OF HOLDER'S NOMINEE OR LEGAL REPRESENTATIVES:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies occurred in Saudi Arabia)													
Full Name													
Relationship													
Address													
						Signature / Thumb Impression of Nominee							
Telephone Number with Code No. :-						Mobile No.							
5. NAME OF MEHRAM WITH RELATION (for female pilgrims only)													
Name													
Relationship						Signature / Thumb Impression of Mehram :-							
6. DETAILS REQUIRED FOR REFUND IF ANY													
Name of the Bank						Name of Branch							
Account No.						Branch Code No.							
IFSC Code						MICR Code							

**Photo of the applicant**

Paste your recent colour passport size photograph having  
WHITE BACKGROUND  
(Size:3.5 x 3.5 cms)

7. SPECIAL REQUIREMENT, IF ANY: \_\_\_\_\_

**I certify that I have gone through the guidelines of Haj - 1431 (H) – 2010 and I undertake to abide by the same.**

**SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT**

### CERTIFICATE OF PHYSICAL FITNESS

This is to certify that Mr/ Mrs/ Ms. \_\_\_\_\_ son/ wife/ daughter of Mr. \_\_\_\_\_ resident of \_\_\_\_\_ is physically fit to undertake the journey to Saudi Arabia for Haj Pilgrimage and is not suffering from (i) Pulmonary Tuberculosis (ii) Infectious Leprosy (iii) Respiratory/ cardiac ailment (iv) Other serious disease and is not crippled/handicapped or having any other disability. It is also certified that the applicant appears to be of the age recorded in the application form and his/her blood group is indicated in the relevant columns.

SIGNATURE OF MEDICAL PRACTITIONER WITH COMPLETE ADDRESS	BLOOD GROUP	BLOOD PRESSURE(		RESPIRATORY AILMENT	CARDIAC AILMENT
		High ( )			
		Low ( )		Minor ailments if any ( )	
		Normal ( )		Myopia ( )	Diabetic ( )
				Allergic to	

**SOLEMN DECLARATION BY THE APPLICANT**

I \_\_\_\_\_ s/o, w/o, d/o. \_\_\_\_\_  
Resident of \_\_\_\_\_ hereby declare on oath that:-

- 76. I am an Indian National and intend to perform Haj – 1431 (H) – 2010 through Haj Committee of India, Mumbai.
- 77. I have read & understood the announcement instruction & guidelines for Haj – 1431 (H) – 2010 issued by the Haj Committee of India, Mumbai and I have recorded all the particulars in the spirit of the announcement instructions & guidelines.
- 78. I solemnly declare that I am a Muslim and have not performed Haj during the last five years (viz. 2006 – 2009) and understand that the amount deposited by me shall stand forfeited and prosecution proceedings can be initiated against me in case this statement is found to be incorrect.
- 79. I have read the instructions with regard to Mehram and hereby agree that in case of false information, if any, found in my Application Form, the same is liable to be rejected and the amount deposited along with the Application Form may be forfeited.
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- 82. I also understand that I will have to travel as per allotment made by the Haj Committee of India, Mumbai and I am not entitled to get it changed as a matter of right. I further understand that in case of cancellation of travel by me the Haj Committee of India, Mumbai is entitled to deduct / forfeit the amount as per norms laid down in the Guidelines for Haj – 1431 (H) – 2010.
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- 88. I authorize Haj Committee of India to obtain Foreign Exchange on my behalf for Compulsory Dues, Accommodation Rentals and Saudi Arabian Riyals in Cash to me.
- 89. I understand that Haj Committee of India, constituted under the Act of Parliament renders service to the Pilgrim without any consideration. I also understand that the services of Haj Committee of India are free of charge. The Haj Committee of India, as such, does not come within the purview of Consumer Protection Act of 1986. I therefore, shall not claim any compensation against Haj Committee of India under Consumer Protection Act.
- 90. I understand that the Courts of Greater Mumbai only shall exercise Jurisdiction in all matters of dispute.

Cover No. \_\_\_\_\_

Signature/Thumb Impression of the Applicant

**UNDERTAKING**

(A) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I am a Muslim and have not performed Haj during last five years viz. Block Year 2006 – 2009 and I am submitting my Haj Application Form for undertaking Haj – 1431 (H) – 2010.

I also understand that in case of suppression of material information and false declaration the amount deposited by me shall stand forfeited at any stage of my journey and prosecution proceedings shall be initiated against me.

(B) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that in case of my selection for Haj under the aegis of Haj Committee of India, I shall carry one hard top suitcase of standard size, having total dimension of (62") and maximum weight of 30 Kgs., beside another suitcase having total dimension of (44") and maximum weight of 15 Kgs., and one handbag of standard size (22") x (16") x (8") having maximum weight of 10 Kgs., which must be suitable for placing in the closed overhead rack or under the passenger seat. I shall not carry baggage items other than the specified suitcase and handbag. Haj Committee of India will not be responsible for extra baggage

I also understand and say that non-compliance may lead to cancellation of my journey and forfeiture of the amount deposited at any stage of my journey.

(C) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I have no objection if the ACCOMMODATION CATEGORY is changed by Haj Committee of India at the time of allotment in case of non-availability of accommodation in the category opted by me. I will pay the excess amount, if any, payable by me in case of allotment of accommodation in higher category or accept the lower category of accommodation and refund of the difference of the amount on account of allotment of lower category.

Signature / Thumb Impression of the Applicant

**ATTESTATION CERTIFICATE**

**NOTE : PLEASE ENSURE THAT YOU ARE ISSUING A CORRECT CERTIFICATE.**

Certified that the particulars recorded in the Application Form are correct to the best of my knowledge and that the applicant is a bonafide local resident and that he/she has signed that declaration/undertaking given above in my presence.

Name in full of the attesting authority \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

SEAL

**Photo of the applicant**

Paste your recent colour passport size photograph having WHITE BACKGROUND (Size:3.5 x 3.5 cms)

The State Haj Committee shall ensure that no repeater's Haj Application is entertained and endorsed to Haj Committee of India.

**The entries in respect of Domicile, Permanent Address, Attestation Certificate, Medical Certificate, have been checked and found in order. Clearances, whatever required obtained. The Application is forwarded to the Haj Committee of India, Mumbai for further necessary action.**

Executive Officer / Secretary,  
State Haj Committee

# HAJ COMMITTEE OF INDIA

(Constituted under the Act of Parliament No. 35 of 2002)

## APPLICATION FOR HAJ - 1431 (H) – 2010

TO BE SUBMITTED THROUGH CONCERNED STATE HAJ COMMITTEE ONLY

**Infant - 2**

FOR OFFICE USE ONLY												SEATS	
DATE OF RECEIPT	SERIAL NO.	COVER NUMBER					ADULT	INFANT					
Embarkation Point:-					SERIAL NUMBER OF HCOI								
1. Amount to be deposited in Account No. <b>31136268352</b>								The copy of pay-In-slip should be attached					
Bank reference Number													
Amount				Name of Branch									
Branch Code No.				Receipt Date									
2. ACCOMMODATION STATUS : tick the desired						I <sup>st</sup> <b>GREEN</b>	II <sup>nd</sup> <b>WHITE</b>	III <sup>rd</sup> <b>AZIZIA</b>	IV <sup>th</sup> <b>EXEMPTION (Rubat Name)</b>				
MEEQAT FOR SHIA PILGRIMS:- <b>JOHFA</b> - Yes <input type="checkbox"/> No <input type="checkbox"/>													
3. DETAILS AS PER INTERNATIONAL PASSPORT. (valid International passport should be attached)													
Passport Number						Place of Issue							
Date of Issue						Date of Expiry							
Applicant:- Surname													
Given Name													
Father's Full Name													
Mother's Name						Spouse Name							
Present Residential Address, Including Street No. with PIN code													
										PIN CODE			
District						State							
Telephone Number with Code No. :-						Mobile No. :-							
SEX - Male / Female		Nationality - INDIAN		Occupation :-				MARITAL STATUS MARRIED / UNMARRIED					
Identification Mark :-						EDU. QUALI :-							
Date of Birth				Age :-		Place of Birth							
4. NAME & RELATION OF HOLDER'S NOMINEE OR LEGAL REPRESENTATIVES:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies occurred in Saudi Arabia)													
Full Name													
Relationship													
Address													
						Signature / Thumb Impression of Nominee							
Telephone Number with Code No. :-						Mobile No.							
5. NAME OF MEHRAM WITH RELATION (for female pilgrims only)													
Name													
Relationship						Signature / Thumb Impression of Mehram :-							
6. DETAILS REQUIRED FOR REFUND IF ANY													
Name of the Bank						Name of Branch							
Account No.						Branch Code No.							
IFSC Code						MICR Code							
7. SPECIAL REQUIREMENT, IF ANY: _____													

**Photo of the applicant**

Paste your recent colour passport size photograph having  
WHITE BACKGROUND  
(Size:3.5 x 3.5 cms)

**I certify that I have gone through the guidelines of Haj - 1431 (H) – 2010 and I undertake to abide by the same.**

**SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT**

### CERTIFICATE OF PHYSICAL FITNESS

This is to certify that Mr/ Mrs/ Ms. \_\_\_\_\_ son/ wife/ daughter of Mr. \_\_\_\_\_ resident of \_\_\_\_\_ is physically fit to undertake the journey to Saudi Arabia for Haj Pilgrimage and is not suffering from (i) Pulmonary Tuberculosis (ii) Infectious Leprosy (iii) Respiratory/ cardiac ailment (iv) Other serious disease and is not crippled/handicapped or having any other disability. It is also certified that the applicant appears to be of the age recorded in the application form and his/her blood group is indicated in the relevant columns.

SIGNATURE OF MEDICAL PRACTITIONER WITH COMPLETE ADDRESS	BLOOD GROUP	BLOOD PRESSURE(		RESPIRATORY AILMENT	CARDIAC AILMENT
		High ( )			
		Low ( )		Minor ailments if any ( )	
		Normal ( )		Myopia ( )	Diabetic ( )
				Allergic to	

**SOLEMN DECLARATION BY THE APPLICANT**

I \_\_\_\_\_ s/o, w/o, d/o. \_\_\_\_\_  
Resident of \_\_\_\_\_ hereby declare on oath that:-

- 91. I am an Indian National and intend to perform Haj – 1431 (H) – 2010 through Haj Committee of India, Mumbai.
- 92. I have read & understood the announcement instruction & guidelines for Haj – 1431 (H) – 2010 issued by the Haj Committee of India, Mumbai and I have recorded all the particulars in the spirit of the announcement instructions & guidelines.
- 93. I solemnly declare that I am a Muslim and have not performed Haj during the last five years (viz. 2006 – 2009) and understand that the amount deposited by me shall stand forfeited and prosecution proceedings can be initiated against me in case this statement is found to be incorrect.
- 94. I have read the instructions with regard to Mehram and hereby agree that in case of false information, if any, found in my Application Form, the same is liable to be rejected and the amount deposited along with the Application Form may be forfeited.
- 95. I declare on oath that particulars recorded by me in this Application Form are true and correct to the best of my knowledge.
- 96. I understand fully well that as per regulations prescribed by Royal Kingdom of Saudi Arabia, Haj Pilgrims are required to stay in the accommodation licensed by the Saudi Authorities & rented through Moassasa for which the amount agreed upon by the Haj Committee of India and South Asian Moassasa shall be deducted from the amount of foreign exchange payable to me. I undertake to abide by all the regulations prescribed in this regard.
- 97. I also understand that I will have to travel as per allotment made by the Haj Committee of India, Mumbai and I am not entitled to get it changed as a matter of right. I further understand that in case of cancellation of travel by me the Haj Committee of India, Mumbai is entitled to deduct / forfeit the amount as per norms laid down in the Guidelines for Haj – 1431 (H) – 2010.
- 98. I understand that the Haj Committee of India's area of functioning is confined to India only, I would, therefore, not blame the Haj Committee of India for any incidental problems in Saudi Arabia.
- 99. I am aware of topography of Makkah Mukarramah and the difficulties the Pilgrims may face during the Haj Days in respect of accommodation. I fully understand that Haj Committee of India has no control is Saudi Arabia and for any inconvenience, I will not unnecessarily blame the Haj Committee of India, Mumbai.
- 100. I am not suffering from any communicable disease, disability or mental disorder.
- 101. I declare that no criminal case is pending against me in any Court in India and no orders prohibiting me from proceeding for Haj Pilgrimage have been passed by any Court.
- 102. I understand that in case of death, due to natural causes or accident during Haj period, a Pilgrim is, as per prevailing local practice, buried in the Kingdom of Saudi Arabia and I have no objection to this.
- 103. I authorize Haj Committee of India to obtain Foreign Exchange on my behalf for Compulsory Dues, Accommodation Rentals and Saudi Arabian Riyals in Cash to me.
- 104. I understand that Haj Committee of India, constituted under the Act of Parliament renders service to the Pilgrim without any consideration. I also understand that the services of Haj Committee of India are free of charge. The Haj Committee of India, as such, does not come within the purview of Consumer Protection Act of 1986. I therefore, shall not claim any compensation against Haj Committee of India under Consumer Protection Act.
- 105. I understand that the Courts of Greater Mumbai only shall exercise Jurisdiction in all matters of dispute.

**Cover No.** \_\_\_\_\_

**Signature/Thumb Impression of the Applicant**

**UNDERTAKING**

(A) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I am a Muslim and have not performed Haj during last five years viz. Block Year 2006 – 2009 and I am submitting my Haj Application Form for undertaking Haj – 1431 (H) – 2010.

I also understand that in case of suppression of material information and false declaration the amount deposited by me shall stand forfeited at any stage of my journey and prosecution proceedings shall be initiated against me.

(B) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that in case of my selection for Haj under the aegis of Haj Committee of India, I shall carry one hard top suitcase of standard size, having total dimension of (62") and maximum weight of 30 Kgs., beside another suitcase having total dimension of (44") and maximum weight of 15 Kgs., and one handbag of standard size (22") x (16") x (8") having maximum weight of 10 Kgs., which must be suitable for placing in the closed overhead rack or under the passenger seat. I shall not carry baggage items other than the specified suitcase and handbag. Haj Committee of India will not be responsible for extra baggage

I also understand and say that non-compliance may lead to cancellation of my journey and forfeiture of the amount deposited at any stage of my journey.

(C) I, \_\_\_\_\_ S/o / W/o./D/o. \_\_\_\_\_ do hereby undertake and declare that I have no objection if the ACCOMMODATION CATEGORY is changed by Haj Committee of India at the time of allotment in case of non-availability of accommodation in the category opted by me. I will pay the excess amount, if any, payable by me in case of allotment of accommodation in higher category or accept the lower category of accommodation and refund of the difference of the amount on account of allotment of lower category.

**Signature / Thumb Impression of the Applicant**

**Photo of the applicant**  
  
Paste your recent colour passport size photograph having WHITE BACKGROUND (Size:3.5 x 3.5 cms)

**ATTESTATION CERTIFICATE**

**NOTE : PLEASE ENSURE THAT YOU ARE ISSUING A CORRECT CERTIFICATE.**

Certified that the particulars recorded in the Application Form are correct to the best of my knowledge and that the applicant is a bonafide local resident and that he/she has signed that declaration/undertaking given above in my presence.

Name in full of the attesting authority \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

SEAL

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Executive Officer / Secretary,  
State Haj Committee

**BANK COPY**  
CA ACCOUNT PAYINSLIP

**State Bank of India**

BRANCH \_\_\_\_\_ CODE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE : Branches are requested to record **Bank reference Number invariably and return one copy** to the depositor duly stamped for the credit of the Account of (Name) **Haj Committee of India, Mumbai.** and one copy may return to **Haj Committee of India, Mumbai,** by post.

Bank Reference No.                      Account No. **31136268352**

**PARTICULARS OF PILGRIMS,** Cover No. \_\_\_\_\_

Name (Head of Cover) :- \_\_\_\_\_

Sr. No.	NAME OF THE PILGRIMS	ADDRESS (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.		
			X 5	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

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**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

**State Bank of India**

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			X 5	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

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**PILGRIM COPY**  
CA ACCOUNT PAYINSLIP

**State Bank of India**

BRANCH \_\_\_\_\_ CODE \_\_\_\_\_ DATE \_\_\_\_\_

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

**NOTE :- Photo copy of pay-in-slip may also be used for deposit of amount.**