

UNDERTAKING BY THE APPLICANT

I _____ s/o, d/o w/o. _____
resident of _____
(in block letters) do hereby solemnly declare and affirm that:-

1. I am a citizen of India and a Muslim, intending to perform Haj 1435 (H) - 2014.
2. Since Haj Committee of India is a statutory body rendering its services to the Haj pilgrims without profit motive and it does not come under the purview of Consumer Protection Act, I therefore, have no right to claim any compensation against Haj Committee of India under the Consumer Protection Act. The Courts of Greater Mumbai only shall exercise jurisdiction in all matters of dispute.
3. I undertake to attend training camps to understand the entire Haj and shall provide the training details in the Health and Training (HAT) Card.
4. I am aware that due to the topography of Makkah Mukarrama & Madinah Munawwarah, pilgrims may face some difficulties during the Haj, in respect of accommodation, transport etc. and that rules, regulations and laws of Kingdom of Saudi Arabia are beyond the control of Haj Committee of India. I will not hold the Haj Committee of India responsible for any inconvenience beyond its control or that is caused by my own actions/ omissions.
5. I have no objection if the accommodation category allotted to me is different than my option due to non-availability with due payment/ refund. I am aware that the space entitlement in Makkah and Madinah accommodation is 4 square meter per person, that pilgrims are accommodated based on the license issued by Saudi Authorities and that I will have to share the room and other facilities with other pilgrims.
6. I will abide by the flight allotment made by the Haj Committee of India, Mumbai. I understand that in case of cancellation of travel by me the Haj Committee of India, Mumbai is entitled to levy the deduction/ penalty as per the Guidelines for Haj 1435 (H) 2014.
7. I am aware that my stay in Saudi Arabia may vary from 30 to 40 days and that I am not entitled for any refund based on duration of stay.
8. I authorize Haj Committee of India to purchase Saudi Riyals on my behalf to be disbursed to me after deducting dues, if any.
9. I am aware that if I do not submit my passport in time to the Haj Committee of India my seat will get cancelled without any intimation to me.
10. I will carry only standard baggage i.e. two suitcases of 22 kg each with total dimensions (Length + Breadth + Height) equal to 158cm each as check-in-baggage and one handbag of 10 Kgs. measuring 55 cm x 40 cm x 23 cm as cabin baggage.
11. I affirm and declare that I am not suffering from any physical or mental disorder/ disease, which might impede or jeopardize my Haj and there is no court order prohibiting me from proceeding for Haj.
12. In case of my death, burial rituals may be performed as per the prevailing practice in Kingdom of Saudi Arabia.
13. I affirm and declare that in case I have suppressed material information or given false/ incorrect declaration/undertaking, I shall forfeit the amount deposited by me and shall be liable to prosecution.
14. I hereby authorize Haj Committee of India to send SMS on the mobile numbers given by me.
15. I declare that I have read the Guidelines for Haj 1435 (H) 2014 and the particulars given by me in this Application Form, declaration/undertaking are true and correct to the best of my knowledge.

Signature/Thumb Impression of the Applicant

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

1. Proof of Address - Attach Photo copy of any one of the following:

(a) Ration Card (b) Driving License (c) Electricity Bill (d) Telephone Bill (Land Line) (e) Voter's Identity 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 (for Reserved/General Category)

Are you willing to opt an accommodation category priced more than GREEN category (SR 4500/-)? If yes, tick the price range:-

(A) No (B) upto SR 5500/- (C) upto SR 6500/- (D) upto SR 7500/- (E) more than SR 7500/-

MEDICAL SCREENING AND FITNESS CERTIFICATE

FULL NAME _____

PAST MEDICAL HISTORY (details to be kept with pilgrim in person) :

Blood Group: _____

Diabetic : Yes / No

(Tick (√) as applicable)

BLOOD PRESSURE (√) High- **Low-** **Normal-**

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

Name of the Doctor _____

Registration No. _____

Seal

Signature / Thumb Impression of Applicant _____

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

(FOR OFFICIAL USE OF SHC)

Checked by (Name) _____

Data Entry Done by (Name) _____

Date : _____

Signature _____

Date : _____

Signature _____

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

- A). It is certified that the entries in respect of Permanent Address, Medical Screening Cum-Fitness Certificate have been checked and found in order. **It is further certified that the applicant is ELIGIBLE to register for Haj-1435 (H) 2014 under this State/UT Quota.**
- B). The application is selected in Qurrah/ as per priority waiting against cancellation/ additional quota and submitted passports, photo copy of bank Pay-in-slip for initial payment. The data entries have already been done and forwarded 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)
HAJ APPLICATION FORM FOR HAJ - 1435 (H) - 2014

2nd COPY (SHC)

FOR OFFICE USE ONLY														
DATE OF RECEIPT	SERIAL NO.	COVER NUMBER	SEATS		Embarkation Point									
			ADULT	INFANT										
					Serial Number Of HCol									

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

Year 2011 Cover Number	Year 2012 Cover Number	Year 2013 Cover Number

Photo of the applicant

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

2. NAME OF COVER HEAD (Male adult only)

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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	Date of Expiry
Applicant's Name (Surname followed by Name)	
Date of Birth	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 Name
Mother's Name	

5. PRESENT RESIDENTIAL ADDRESS:

	PIN CODE
District :	State :
Mobile Number 0	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 I have gone through the Guidelines of Haj 1435 (H) 2014 and I undertake to abide by the same.

SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT

UNDERTAKING BY THE APPLICANT

I _____ s/o, d/o w/o. _____
resident of _____
(in block letters) do hereby solemnly declare and affirm that:-

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|--|--|
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|--|--|

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MEDICAL SCREENING AND FITNESS CERTIFICATE

FULL NAME _____					
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