

HAJ COMMITTEE OF INDIA

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

HCOI COPY

APPLICATION FORM FOR HAJ - 1432 (H) – 2011

FOR OFFICE USE ONLY																	
DATE OF RECEIPT			SERIAL NO.			COVER NUMBER						SEATS					
												ADULT	INFANT				
Embarkation Point:-						SERIAL NUMBER OF HCOI											
1. Applied for: (a) General Category <input type="checkbox"/> (b) Reserved Category <input type="checkbox"/> (Tick be appropriate √) (a). (for Reserved Category details of last 3 years rejected cover number must be furnished) Year – 2008 – Cover No. Year – 2009 – Cover No. Year – 2010 – Cover No.																	
(b). If cancelled in Haj 2010 due to No visa / Passport not received (PNR) give the Cover No.																	
2. NAME OF THE HEAD OF THE COVER (MALE ONLY)																	
3. ACCOMMODATION STATUS : tick the desired category (√) I - GREEN II - WHITE III - AZIZIA																	
4. APPLICANT BIO DATA (AS PER INTERNATIONAL PASSPORT) Details of International Passport. (Photo copy of valid International passport must be attached)																	
Passport Number					Place of Issue												
Date of Issue					Date of Expiry												
If applied for International passport (Give details below and copy of Regional Passport Office receipt must be attached)																	
Regional Passport Office, File No.										Date							
Applicant:- Surname Given Name																	
Father's Full Name																	
Mother's Name										Spouse Name							
Present Residential Address, Including Street No. with PIN code																	
District State PIN CODE																	
(i) Mobile No. -					(ii) Mobile No.-					Tel No.-							
SEX - Male / Female			Nationality - INDIAN			Occupation :-			MARITAL STATUS MARRIED / UNMARRIED								
Identification Mark :-										EDU. QUALI :-							
Date of Birth			Age :-			Place of Birth											
5. NAME & RELATION OF NOMINEE OR LEGAL REPRESENTATIVE OF APPLICANT:- (particulars of the person declared as nominee in India who should be contacted in case of exigencies in India/Saudi Arabia)																	
Full Name																	
Relationship																	
Address																	
										Signature / Thumb Impression of Nominee							
Telephone/ Mobile No.																	
6. NAME OF MEHRAM WITH RELATION (for female pilgrims only) (Photo copy of valid International passport / copy of Regional Passport Office receipt to be attached)																	
Name																	
Relationship																	
International Passport No./ File No. of Mehram										Signature / Thumb Impression of Mehram :-							
7. DETAILS REQUIRED FOR REFUND, IF ANY (Please provide the account number and a photo copy of cheque should be attached)																	
Name of the Bank			Branch code			Name of the Branch			Account No.			IFS Code			MICR Code		
8. Details of non refundable processing fee RS.200/- per pilgrim deposited in Haj Committee of India Account No.31634038682 in any State Bank of India branch. (The copy of pay-in-slip should be attached)																	
Amount					Name of Branch												
Branch Code No.					Receipt Date												
9. MEEQAT FOR SHIA PILGRIMS:- JOHFA - Yes <input type="checkbox"/> No <input type="checkbox"/>																	

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 - 1432 (H) – 2011 and I undertake to abide by the same.

SIGNATURE/ THUMB IMPRESSION OF THE APPLICANT

- Enclosure:**
1. Proof of Address - (Photo copy attach one of the following)
 (a) Ration Card, (b) Driving License, (c) Electricity Bill, (d) Telephone Bill (Land Line),(e) Voter's Identity Card.
 2. Copy of valid International passport / copy of Regional Passport Office receipt for passport.
 3. Copy of cancelled blank cheque.
 4. Pay-in-slip.

SOLEMN DECLARATION / UNDERTAKING BY THE APPLICANT

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

1. I am an Indian National and a Muslim intending to perform Haj – 1432 (H) – 2011 and that I have not performed Haj during the last five years viz. 2006-II to 2010.
2. I have understood the instructions and guidelines issued by the Haj Committee of India, Mumbai in its notification/announcements and promise / undertake to strictly follow and abide by them in letter and spirit including the rules and regulations with regard to travel, stay, accommodation and arrangements offered by Haj Committee of India in liaison with Kingdom of Saudi Arabia and licensed Moassasa and that I will not ask for change or charges, which Haj Committee of India, in its discretion finds it difficult or not possible or feasible.
3. Haj Committee of India is an organization constituted under the Act of Parliament rendering its services freely to the Haj Pilgrims. Hence it does not come under the purview of Consumer Protection Act of 1986. I therefore, have no right to claim any compensation against Haj Committee of India under the above Act.
4. The Courts of Greater Mumbai only shall exercise Jurisdiction in all matters of dispute.
5. I am aware of the topography of Makkah Mukarrama & Madinah Munawwarah and the difficulties Pilgrims face during the Haj period 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. Hence I will not blame the Haj Committee of India for any inconvenience caused to me on account of this or on account of any acts of commission or omission by me.
6. I am aware that my space entitlement in Makkah and Madinah accommodation is 4 square meter per person. I am also aware that pilgrims are accommodated in Makkah and Madinah based on the license issued by Saudi Authorities.
7. I am aware that I should share the room, kitchen facilities, toilets and wash room facilities with other pilgrims.
8. I 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 levy the penalty as per norms laid down in the Guidelines for Haj – 1432 (H) – 2011.
9. I hereby authorize Haj Committee of India to obtain on my behalf the Foreign Exchange in Riyals, and pay me after deducting dues, if any.
10. I know it is my bounden duty and responsibility to submit my valid International passport in time to the Haj Committee of India for processing my application for visa etc., failing which permission accorded for Haj and seat allotted to me will automatically get cancelled without any intimation to me.
11. I will strictly comply with the rules laid down with regard to standard, permissible baggage and luggage to be carried by me namely, one hard top suitcase of standard size having total dimension of 62" and maximum weight of 25 Kgs. and another of total dimension of 44" and maximum weight of 20 Kgs. and one handbag of standard size 22" x 16" x 8" having maximum weight of 10 Kgs. suitable for keeping in the rack overhead or under the passenger seat (in the aircraft).
12. I affirm and declare that I am not suffering from any disease communicable or otherwise or disability or mental disorder whatsoever, which might impede or jeopardize my Haj programme. No criminal case is pending against me nor have I been convicted in any criminal case nor are there any court orders prohibiting me from proceeding for Haj.
13. In case of death, due to natural causes or accident during the Haj period, burial and rituals may be performed as per the prevailing practice in Kingdom of Saudi Arabia in my case also.
14. I have no objection if accommodation category is changed by Haj Committee of India in case of dire necessity, non-availability and I accept the difference of refund or payment of excess as the case may be.
15. I further solemnly affirm and declare that in case of suppression of material information or giving false and incorrect declaration/undertaking by me, I stand to forfeit the amount deposited by me with the Haj Committee of India and prosecution proceedings may be initiated against me.
16. I hereby authorize Haj Committee of India to send SMS even though my number is under DND register.
17. I declare that I have read the guidelines issued for Haj 1432 (H) – 2011 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

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

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	

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

A). The entries in respect of Domicile, Permanent Address, Attestation Certificate, Medical Certificate, have been checked and found in order. It is certified that the Applicant is eligible to register for Haj-1432 (H) – 2011 under this state Quota.

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

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,
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		Low ()	Minor ailments if any ()	
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**Executive Officer / Secretary,
 State Haj Committee**

(TodepositRs.200/-perpilgrimandmaximumofRs.1,000/-only)

BANK COPY
CAAC COUNTPA Y-IN-SLIP

StateBank of India

BRANCH _____ CODE _____ DATE _____

NOTE : Branches are requested to **return two copy** to the depositor duly stamped for the credit of the Account of (Name)
HajComm itteeo fn dia.Mumbai.

AccountNo. **31634038682**

PARTICULARSO F PILGRIMS:

Name(Head of Cover): - _____

Sr.No.	NAMEOFT HEPI LGRIMS	ADDRESSO FHEA DOFCO VER	CASHNO TE	AMOUNTINR S.
			X 1000	Rs.
			X 5 00	Rs.
			X 1 00	Rs.
			X 50	Rs.
			X 20	Rs.
			X 10	Rs.
			X 5	Rs.
Total No. of Persons				
Amount(in words)Rupees _____			Total Rs.	Rs.

CASHIER'SSCROLL NO.	CASHIER	CASHOFFICER PASSINGOFFICER	JOTTING BOOK	PARTITIONNO.	DEPOSITEDBY (SIGNATURE)	BankStamp to be affixed

COPY -HAJCOMMITEEO FIN DIA, MUMBAI.

(Constituted under the Act of Parliament No.35 of 2002)
HAJ HOUSE, 7-A, M.R.A MARG, (PALTON ROAD), MUMBAI-40000 1.
CAAC COUNTPA Y-IN-SLIP

StateBank of India

BRANCH _____ CODE _____ DATE _____

NOTE : Branches are requested to **return two copy** to the depositor duly stamped for the credit of the Account of (Name)
HajComm itteeo fn dia.Mumbai.

AccountNo. **31634038682**

PARTICULARSO F PILGRIMS:

Name(Head of Cover): - _____

Sr.No.	NAMEOFT HEPI LGRIMS	ADDRESSO FHEA DOFCO VER	CASHNO TE	AMOUNTINR S.
			X 1000	Rs.
			X 5 00	Rs.
			X 1 00	Rs.
			X 50	Rs.
			X 20	Rs.
			X 10	Rs.
			X 5	Rs.
Total No. of Persons				
Amount(in words)Rupees _____			Total Rs.	Rs.

CASHIER'SSCROLL NO.	CASHIER	CASHOFFICER PASSINGOFFICER	JOTTING BOOK	PARTITIONNO.	DEPOSITEDBY (SIGNATURE)	BankStamp to be affixed

PILGRIM COPY

CAAC COUNTPA Y-IN-SLIP

StateBank of India

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Total No. of Persons				
Amount(in words)Rupees _____			Total Rs.	Rs.

CASHIER'SSCROLL NO.	CASHIER	CASHOFFICER PASSINGOFFICER	JOTTING BOOK	PARTITIONNO.	DEPOSITEDBY (SIGNATURE)	BankStamp to be affixed

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