

Haj Committee of India
Haj Application Form for Haj - 1444 (H) - 2023 (CE)

1. CATEGORY: (Tick (√) as appropriate) (I) (Age 70+) : <input type="checkbox"/> (II) General : <input type="checkbox"/> (III) Ladies without Mehram (Age 45+): <input type="checkbox"/>												PHOTOGRAPH Paste your recent passport size colour photograph having WHITE BACKGROUND (Size:3.5cm x 3.5 cm)																																			
No. of Persons (Adult + Minor) : Min = 1 Max = 4 <input style="width: 100px;" type="text"/> No. of Infant : Min = 0 Max = 2 <input style="width: 100px;" type="text"/>																																															
(I). If (Category Age 70+) details of companions:																																															
Companion Full Name Companion Relationship																																															
2. Embarkation Preference: (*List of Embarkation at page no. 2)												3. ACCOMMODATION CATEGORY Azizia																																			
Preference: 1						Preference: 2																																									
3. NAME OF COVER HEAD (Male adult only except Ladies Without Mehram)																																															
4. APPLICANT'S DETAILS (As per International Passport)																																															
Passport Number				Place of Issue				Date of Issue				Date of Expiry				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>																															
Surname				Given Name				Father's Name				Mother's Name				Spouse's Name																															
Date of Birth				Age				Place of Birth				Marital Status: Married <input type="checkbox"/> Unmarried <input type="checkbox"/> N/A <input type="checkbox"/>				Qualification:				Occupation:				Blood Group:																							
Aadhaar Card/Enrolement No.:								PAN No.:																																							
5. Health Details:																																															
Details of Co-morbidity : <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Immunosuppressive Disorder / Auto Immune Disorder <input type="checkbox"/> Chronic Lung Disease/Ashtma <input type="checkbox"/> Renal / Kidney Disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental Issues / Challenges <input type="checkbox"/> Not Applicable																																															
Pregnancy Status : Yes <input type="checkbox"/> No <input type="checkbox"/>				Covid Vaccine Details :				Vaccine :				Dose 1 Date:				Dose 2 Date:				Precautionary Dose Date																											
6. PRESENT RESIDENTIAL ADDRESS:																																															
District												State												Pin Code																							
Mobile Number												Email ID :																																			
7. GUARDIAN DETAILS FOR INFANT PILGRIM ONLY : (should be one of the Group/Cover Member only)																																															
Name												Relationship												Passport Number												Signature / Thumb Impression of Guardian											
8. DETAILS OF NOMINEE OF APPLICANT:																																															
Name												Father's / Husband's Name												Relationship												Telephone / Mobile No.											
Address												Pin Code												State												Signature / Thumb Impression of Nominee											

