

## HAJ COMMITTEE OF INDIA

### ONLINE HAJ APPLICATION FORM FOR HAJ - 2026 (C.E.) 1447 (Hijri)



250806402980947

1. Category	65+ Age Category	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	4				
4. Name of Cover Head	MAHMADASHAHEB DADESHAHEB SATTAR	Embarkation Preference 1 / 2 : MUMBAI / BANGALORE			
<b>4. Applicant's Details (As per International Passport)</b>					
Passport Number	Y7993400	Place of Issue	BENGALURU	Date of Issue	14-08-2023
Date of Expiry	13-08-2033	Date of Birth	01-04-1953	Place of Birth	KUDACHI, KARNATAKA
Surname	SATTAR	Given Name	MAHMADASHAHEB DADESHAHEB	Father's Name	DADESHAHEB SATTAR
Gender	Male	Mother's Name	MAHABOEBBI DADESHAHEB SATTAR	Spouse's Name	PIRANABI MAHMADASHAHEB SATTAR
Marital Status	MARRIED	Blood Group	A+	Qualification	MATRICULATION / SSC
Occupation	OTHER	Aadhaar No.		PAN No.	
Companion Name	PIRANABI MAHMADASHAHEB	Companion Relation	HUSBAND		
<b>5. Health Details</b>					
Detail of Co-Morbidity	Diabetes	Pregnancy Status	NA		
<b>6. Present Residential Address</b>					
Address	2505/A, NEAR ABUBAKAR MASJID KUDACHI, KARNATAKA			Pincode	591311
State	Karnataka	District	Belagavi		
Mobile Number	9448261224	WhatsApp No / Mobile No.2	9481348087	Email Id	mmsattar777@gmail.com
<b>7. Details of Nominee of Applicant</b>					
Name	MUZAMEEL	Mobile Number :	9481348087		
Father's / Husband's Name	MAHMADASHAHEB SATTAR				
Relationship	SON				
Address	2505/A, NEAR ABUBAKAR MASJID KUDACHI, KARNATAKA			Pincode	591311
State	Karnataka	District	Belagavi	Signature / Thumb impression of Nominee	
<b>8. Name of Mehram with Relation (applicable for female pilgrims only)</b>					
Name	NA	Relationship:	NA		
Passport No.	NA	Signature / Thumb impression of Mehram			
<b>9. Bank Account Details</b>					
Name of Account Holder	MAHMADASHAHEB DADESHAHEB SATTAR	Bank Name	CANARA BANK		
Account No.	05462200001684	IFSC Code	CNRB0010546		
10. Are you a permissible Repeater Mehram?					NO
11. Do you want to perform ADAHI (Qurbani)?					NO
12. Opting JHOFA Meeqat (Only for Shia Pilgrims)?					NO
13. Do you want catering in an additional cost?					YES
14. Are you NRI?					NO
15. Are you a person with benchmark disability/disabilities, who cannot travel alone as certified by medical authorities?					
Indicate the nature of your disability					
Companion Name					
Companion Relation					
• I hereby undertake to abide by all the guidelines, including health protocol, age and travel restrictions, etc. issued by the Kingdom of Saudi Arabia and the Government of India/Haj Committee of India in view of CoVID-19 pandemic. I agree to travel to the Embarkation Point allotted to me and am ready to pay all the charges on all accounts. I am also willing to go through the RT-PCR test and quarantine period as specified in the protocol and guidelines • I am aware of the tentative cost of Haj 2026, which may vary due to operational or functional reasons. • I certify that the information furnished above is true and correct.					
Signature / Thumb impression of the Applicant					

**FOR OFFICE USE ONLY**

**Online HAF Checked by**

**Verified by Executive Officer, State / UT Haj Committee**

All entries in the above HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-2026 (CE). 1447 (Hijri)

## SOLEMN DECLARATION AND UNDERTAKING

For Category (Age 65+ applicant)

I, Mr./Mrs./Miss **MAHMADASHAHEB DADESHAHEB SATTAR** S/o./W/o./D/o. **DADESHAHEB SATTAR**, an Indian citizen, do hereby solemnly affirm and declare as under:

1. I have already attained the age of 65 years as of the closing date for submission of the application form, and my date of birth, as per my international passport, is **Y7993400**
2. I am also aware that Qurrah (draw of lots) will be held within the Category if applications received under the Category are more than the allotted quota of the State. Hence, I shall not claim selection in such a situation as a matter of right.
3. I have never gone to Haj either through the Haj Committee of India (HCoI), a private tour operator, or another means. Thus, this is my first Haj journey in my entire life. If it is detected at any stage that I have already performed Haj, my seat shall be cancelled at any stage and the entire amount deposited shall be forfeited.
4. Mr./Mrs./Miss **PIRANABI MAHMADASHAHEB** S/o./W/o./D/o. \_\_\_\_\_, aged \_\_\_\_\_ years, an Indian citizen who is my relative i.e., my Husband / Wife / Brother / Sister / Son / Daughter / Son-in-law / Daughter-in-law/ Grand Son/Grand Daughter / Nephew / Niece, shall be my companion.
5. I am aware that HCoI reserves the right to change the Embarkation Point opted by me. In such a case, I shall abide by the decision of HCoI and shall not show any resentment whatsoever against the decision of HCoI.
6. I/We undertake and mutually agree to take care of each other and belongings of each other during entire Haj journey.
7. I/We have read and understood thoroughly the Guidelines for Haj - 2026 (Hijri - 1447), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in the Kingdom of Saudi Arabia, and undertake to abide by the same.
8. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.
9. I/We understand that the Courts of Greater Mumbai only shall have jurisdiction in all matters of dispute. Further, the Supreme Court of India, in its April 16, 2013 Judgement, barred all Courts and Authorities from interfering with the Haj Process.
10. I/we hereby authorize HCoI to send SMS to our mobile phone numbers, even if we are on the DND registry.
11. The particulars given by us in HAF, the solemn declaration, and the undertaking are true and correct to the best of our knowledge. I/We do hereby affirm and declare that in the event I/We have suppressed material information or given a false / incorrect declaration or undertaking, HCoI shall forfeit the amount deposited by us and I/We shall be liable for prosecution.
12. I am ready to pay Visa Fees, as levied by the KSA Haj Authorities for endorsement of my Haj Visa.
13. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oil and cream, synthetic capore, cystone, khammera, gutkha, khaini, gul, peppermint, or narcotics in any form, my candidature shall be cancelled. Besides, I will be penalized for carrying banned items as per the prevailing regulations of Saudi Arabia and I will be liable for deportation to India from KSA at any stage of Haj.
14. I hereby agree that the Rubat and metro transport facilities will be subject to the terms and conditions of KSA, and that if this is not possible, I will be obligated to pay charges for the services provided to me.
15. I do not have any criminal prosecutions pending against me and there is no Court Order prohibiting me/us to travel abroad exists.
16. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.
17. I understand that accommodation in Madinah is subject to availability, I may be allotted accommodation in Markazia or Non Markazia as per the availability. I will accept the accommodation provided to me, which is approved by the authorities in KSA.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature / Thumb impression of the applicant (Age 65+ pilgrim)**

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature / Thumb impression of the applicant (companion)**

# PASSPORT DECLARATION FORM

## (Only for Provisionally Selected Pilgrims)

To,  
The Chief Executive Officer  
Haj Committee of India,  
Haj House,  
7-A, M.R.A. Marg (Palton Road),  
Mumbai - 400 001.

Haj - 2026

Cover Number: -

Sr. No.	Details of Pilgrims (as per Valid Indian International Passport)	Information to be filled by Pilgrim
1	Name of the Pilgrim	MAHMADASHAHEB DADSHAHEB SATTAR
2	Date of Birth (DD/MM/YYYY)	01-04-1953
3	Gender (Male/Female/Other)	Male
4	Passport Number	Y7993400
5	Date of Issue of Passport (On or before 31-07-2025)	14-08-2023
6	Date of Expiry of Passport (On or after 31-12-2026)	13-08-2033
7	Whether it is a valid machine- readable passport (Yes/No)	
8	Whether Passport is damaged/torn/wet/loosened, in any form. (Yes/No)	
9	Whether at least two continuous blank pages are available in your passport (Yes/No)	

- (i) I, the undersigned, hereby certify that the above information is correct to the best of my knowledge. I declare that the passport mentioned above is in my possession and custody. The passport is not physically damaged/torn/wet/loosened and all pages in the Passport are intact.
- (ii) Further, whenever I travel abroad on this passport, I will inform to the Haj Committee of India (HCoI) and/or concerned SHC till my submission of original passport with the concerned SHC.
- (iii) I also assure that whenever the HCoI require the passport, I will promptly submit it to the respective SHC.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression

MAHMADASHAHEB DADSHAHEB SATTAR

**Haj Committee of India**  
**Online Haj Application Form for Haj - 2026 (C.E.) 1447 (Hijri)**  
**Adult Pilgrim Detail : 2**



250806402980947

1. Category	65+ Age Category	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	4				
4. Name of Cover Head	MAHMADASHAHEB DADESHAHEB SATTAR	Embarkation Preference 1 / 2 : MUMBAI / BANGALORE			
<b>4. Applicant's Details (As per International Passport)</b>					
Passport Number	Y7986659	Place of Issue	BENGALURU	Date of Issue	10-08-2023
Date of Expiry	09-08-2033	Date of Birth	04-06-1961	Place of Birth	KUDACHI, KARNATAKA
Surname	SATTAR	Given Name	PIRANABI MAHMADASHAHEB	Father's Name	NAJAMODDIN NASARADI
Gender	Female	Mother's Name	BULHANBI NAJAMODDIN NASARADI	Spouse's Name	MAHMADASHAHEB DADESHAHEB SATTAR
Marital Status	MARRIED	Blood Group	O+	Qualification	PRIMARY
Occupation	HOUSE WIFE	Aadhaar No.		PAN No.	
Companion Name		Companion Relation	NA		
<b>5. Health Details</b>					
Detail of Co-Morbidity		Not Applicable		Pregnancy Status	No
<b>6. Present Residential Address</b>					
Address	2505/A, NEAR ABUBAKAR MASJID KUDACHI, KARNATAKA			Pincode	591311
State	Karnataka	District	Belagavi		
Mobile Number	9448261224	WhatsApp No / Mobile No.2	9481348087	Email Id	mmsattar777@gmail.com
<b>7. Details of Nominee of Applicant</b>					
Name	MUZAMEEL	Mobile Number :	9481348087		
Father's /Husband's Name	MAHMADASHAHEB SATTAR				
Relationship	SON				
Address	2505/A, NEAR ABUBAKAR MASJID KUDACHI, KARNATAKA			Pincode	591311
State	Karnataka	District	Belagavi		Signature / Thumb impression of Nominee
<b>8. Name of Mehram with Relation (applicable for female pilgrims only)</b>					
Name	MAHMADASHAHEB DADESHAHEB	Relationship:	HUSBAND		
Passport No.	Y7993400				Signature / Thumb impression of Mehram
<b>9. Bank Account Details</b>					
Name of Account Holder	MAHMADASHAHEB DADESHAHEB SATTAR	Bank Name	CANARA BANK		
Account No.	05462200001684	IFSC Code	CNRB0010546		
10. Are you a permissible Repeater Mehram?					NO
11. Do you want to perform ADAHI (Qurbani)?					NO
12. Opting JHOFA Meeqat (Only for Shia Pilgrims)?					NO
13. Do you want catering in an additional cost?					YES
14. Are you NRI?					NO
15. Are you a person with benchmark disability/disabilities, who cannot travel alone as certified by medical authorities?					
Indicate the nature of your disability					
Companion Name					
Companion Relation					
<ul style="list-style-type: none"> <li>I hereby undertake to abide by all the guidelines, including health protocol, age and travel restrictions, etc. issued by the Kingdom of Saudi Arabia and the Government of India/Haj Committee of India in view of CoVID-19 pandemic. I agree to travel to the Embarkation Point allotted to me and am ready to pay all the charges on all accounts. I am also willing to go through the RT-PCR test and quarantine period as specified in the protocol and guidelines</li> <li>I am aware of the tentative cost of Haj 2026, which may vary due to operational or functional reasons.</li> <li>I certify that the information furnished above is true and correct.</li> </ul>					
					Signature / Thumb impression of the Applicant

**FOR OFFICE USE ONLY**

**Online HAF Checked by**

**Verified by Executive Officer, State / UT Haj Committee**

All entries in the above HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-2026 (CE). 1447 (Hijri)

## SOLEMN DECLARATION AND UNDERTAKING

For Repeater in case of Mehram (Male Companion) of Lady Pilgrim / Companion of age 65+ pilgrim

I, Mr./Mrs./Miss **PIRANABI MAHMADASHAHEB SATTAR S/o./W/o./D/o. NAJAMODDIN NASARADI**, an Indian citizen, do hereby solemnly affirm and declare as under:

1. I am aware that, as per Government of India policy, a person can perform Haj only "Once in a Lifetime" through Haj Committee of India (HCoI), and that this condition is waived only for the Mehram (Male companion) of a lady pilgrim / companion of age 65+ pilgrim, if no other Mehram / companion who has not performed Haj through HCoI is available.

2. I hereby declare that I performed Haj in the past through the HCoI in the year(s) \_\_\_\_\_.

3. I declare that no other Mehram (Male Companion)/Companion of age 65+ pilgrim, who has not performed Haj through the HCoI earlier is available to accompany the following co-applicant(s):

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. I am aware that if the concerned Lady Pilgrim(s) or 65+ pilgrim/s cancel her or their pilgrimage, my seat as Repeater Mehram (Male Companion) or 65+ pilgrim companion of accompanying the lady member(s) or 65+ pilgrims will be automatically cancelled.

9. I have read and understood thoroughly the Guidelines for Haj - 2026 (Hijri - 1447), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in the Kingdom of Saudi Arabia, and I undertake to abide by the same.

10. I hereby authorize HCoI to send SMS to my mobile phone number, even if I am on the DND registry.

11. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.

12. I/We understand that the Courts of Greater Mumbai only shall have jurisdiction in all matters of dispute. Further, the Supreme Court of India, in its April 16, 2013 Judgement, barred all Courts and Authorities from interfering with the Haj Process.

13. The particulars given by me in HAF, Solemn Declaration and Undertaking are true and correct to the best of my knowledge. I do hereby affirm and declare that in the event I have suppressed material information or given a false / incorrect declaration / undertaking, HCoI shall forfeit the amount deposited by me and I shall be liable for prosecution.

14. I am aware that HCoI reserves the right to change the embarkation point opted by me. In such a case, I shall abide by the decision of HCoI and shall not show any resentment, whatsoever, against the decision of HCoI.

15. I am ready to pay Visa Fees, as levied by the KSA Haj Authorities for endorsement of my Haj Visa.

16. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oils and creams, synthetic capore, cystone, khammera, gutkha, khaini, gul, peppermint or narcotics in any form, my candidature shall be cancelled. Besides, I will be penalized for carrying banned items as per the prevailing regulations of Saudi Arabia and I will be liable for deportation to India from KSA at any stage of Haj.

17. I hereby agree that the Rubat and metro transport facilities will be subject to the terms and conditions of KSA, and that if this is not possible, I will be obligated to pay charges for the services provided to me.

18. I do not have any criminal prosecutions pending against me and there is no Court Order prohibiting me/us to travel abroad exists.

19. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.

20. I understand that accommodation in Madinah is subject to availability, I may be allotted accommodation in Markazia or Non Markazia as per the availability. I will accept the accommodation provided to me, which is approved by the authorities in KSA.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature / Thumb impression of the applicant.**

# PASSPORT DECLARATION FORM

## (Only for Provisionally Selected Pilgrims)

To,  
The Chief Executive Officer  
Haj Committee of India,  
Haj House,  
7-A, M.R.A. Marg (Palton Road),  
Mumbai - 400 001.

Haj - 2026

Cover Number: -

Sr. No.	Details of Pilgrims (as per Valid Indian International Passport)	Information to be filled by Pilgrim
1	Name of the Pilgrim	PIRANABI MAHMADASHAHEB SATTAR
2	Date of Birth (DD/MM/YYYY)	04-06-1961
3	Gender (Male/Female/Other)	Female
4	Passport Number	Y7986659
5	Date of Issue of Passport (On or before 31-07-2025)	10-08-2023
6	Date of Expiry of Passport (On or after 31-12-2026)	09-08-2033
7	Whether it is a valid machine- readable passport (Yes/No)	
8	Whether Passport is damaged/torn/wet/loosened, in any form. (Yes/No)	
9	Whether at least two continuous blank pages are available in your passport (Yes/No)	

- (i) I, the undersigned, hereby certify that the above information is correct to the best of my knowledge. I declare that the passport mentioned above is in my possession and custody. The passport is not physically damaged/torn/wet/loosened and all pages in the Passport are intact.
- (ii) Further, whenever I travel abroad on this passport, I will inform to the Haj Committee of India (HCoI) and/or concerned SHC till my submission of original passport with the concerned SHC.
- (iii) I also assure that whenever the HCoI require the passport, I will promptly submit it to the respective SHC.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression

PIRANABI MAHMADASHAHEB SATTAR



**Haj Committee of India**  
**Online Haj Application Form for Haj - 2026 (C.E.) 1447 (Hijri)**  
**Adult Pilgrim Detail : 3**



250806402980947

1. Category	65+ Age Category	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	4				
4. Name of Cover Head	MAHMADASHAHEB DADESHAHEB SATTAR	Embarkation Preference 1 / 2 : MUMBAI / BANGALORE			
<b>4. Applicant's Details (As per International Passport)</b>					
Passport Number	C4055795	Place of Issue	BENGALURU	Date of Issue	07-11-2024
Date of Expiry	06-11-2034	Date of Birth	15-03-1954	Place of Birth	KUDACHI, KARNATAKA
Surname	MARUF	Given Name	NAZEERAHMEED	Father's Name	ABDULARAJAK MARUF
Gender	Male	Mother's Name	TAHERABI ABDULARAJAK MARUF	Spouse's Name	BEGUM NAZEERAHMEED MARUF
Marital Status	MARRIED	Blood Group	O+	Qualification	MATRICULATION / SSC
Occupation	OTHER	Aadhaar No.		PAN No.	
Companion Name	IFTEKARAHMEED	Companion Relation	NEPHEW		
<b>5. Health Details</b>					
Detail of Co-Morbidity		Not Applicable		Pregnancy Status	No
<b>6. Present Residential Address</b>					
Address	GUNDAWAD ROAD ,KUDACHI			Pincode	591311
State	Karnataka	District	Belagavi		
Mobile Number	8722461026	WhatsApp No / Mobile No.2	9844400783	Email Id	
<b>7. Details of Nominee of Applicant</b>					
Name	MUQEEM MARUF	Mobile Number :	9844400783		
Father's /Husband's Name	NAZEERAHMEED MARUF				
Relationship	SON				
Address	GUNDAWAD ROAD ,KUDACHI			Pincode	591311
State	Karnataka	District	Belagavi	Signature / Thumb impression of Nominee	
<b>8. Name of Mehram with Relation (applicable for female pilgrims only)</b>					
Name	Relationship:		NA		
Passport No.					Signature / Thumb impression of Mehram
<b>9. Bank Account Details</b>					
Name of Account Holder	MARUF NAZIR AHMED DADEBHAI	Bank Name	CANARA BANK		
Account No.	05462200006047	IFSC Code	CNRB0010546		
10. Are you a permissible Repeater Mehram?					NO
11. Do you want to perform ADAHI (Qurbani)?					NO
12. Opting JHOFA Meeqat (Only for Shia Pilgrims)?					NO
13. Do you want catering in an additional cost?					YES
14. Are you NRI?					NO
15. Are you a person with benchmark disability/disabilities, who cannot travel alone as certified by medical authorities?					
Indicate the nature of your disability					
Companion Name					
Companion Relation					
<ul style="list-style-type: none"> <li>I hereby undertake to abide by all the guidelines, including health protocol, age and travel restrictions, etc. issued by the Kingdom of Saudi Arabia and the Government of India/Haj Committee of India in view of CoVID-19 pandemic. I agree to travel to the Embarkation Point allotted to me and am ready to pay all the charges on all accounts. I am also willing to go through the RT-PCR test and quarantine period as specified in the protocol and guidelines</li> <li>I am aware of the tentative cost of Haj 2026, which may vary due to operational or functional reasons.</li> <li>I certify that the information furnished above is true and correct.</li> </ul>					
Signature / Thumb impression of the Applicant					

**FOR OFFICE USE ONLY**

**Online HAF Checked by**

**Verified by Executive Officer, State / UT Haj Committee**

All entries in the above HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-2026 (CE). 1447 (Hijri)

## SOLEMN DECLARATION AND UNDERTAKING

For Category (Age 65+ applicant)

I, Mr./Mrs./Miss **NAZEERAHMEH MARUF** S/o./W/o./D/o.**ABDULARAJAK MARUF**, an Indian citizen, do hereby solemnly affirm and declare as under:

1. I have already attained the age of 65 years as of the closing date for submission of the application form, and my date of birth, as per my international passport, is **C4055795**

2. I am also aware that Qurrah (draw of lots) will be held within the Category if applications received under the Category are more than the allotted quota of the State. Hence, I shall not claim selection in such a situation as a matter of right.

3. I have never gone to Haj either through the Haj Committee of India (HCoI), a private tour operator, or another means. Thus, this is my first Haj journey in my entire life. If it is detected at any stage that I have already performed Haj, my seat shall be cancelled at any stage and the entire amount deposited shall be forfeited.

4. Mr./Mrs./Miss **IFTEKARAHAMED** S/o./W/o./D/o. \_\_\_\_\_, aged \_\_\_\_\_ years, an Indian citizen who is my relative i.e., my Husband / Wife / Brother / Sister / Son / Daughter / Son-in-law / Daughter-in-law/ Grand Son/Grand Daughter / Nephew / Niece, shall be my companion.

5. I am aware that HCoI reserves the right to change the Embarkation Point opted by me. In such a case, I shall abide by the decision of HCoI and shall not show any resentment whatsoever against the decision of HCoI.

6. I/We undertake and mutually agree to take care of each other and belongings of each other during entire Haj journey.

7. I/We have read and understood thoroughly the Guidelines for Haj - 2026 (Hijri - 1447), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in the Kingdom of Saudi Arabia, and undertake to abide by the same.

8. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.

9. I/We understand that the Courts of Greater Mumbai only shall have jurisdiction in all matters of dispute. Further, the Supreme Court of India, in its April 16, 2013 Judgement, barred all Courts and Authorities from interfering with the Haj Process.

10. I/we hereby authorize HCoI to send SMS to our mobile phone numbers, even if we are on the DND registry.

11. The particulars given by us in HAF, the solemn declaration, and the undertaking are true and correct to the best of our knowledge. I/We do hereby affirm and declare that in the event I/We have suppressed material information or given a false / incorrect declaration or undertaking, HCoI shall forfeit the amount deposited by us and I/We shall be liable for prosecution.

12. I am ready to pay Visa Fees, as levied by the KSA Haj Authorities for endorsement of my Haj Visa.

13. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oil and cream, synthetic capore, cystone, khammera, gutkha, khaini, gul, peppermint, or narcotics in any form, my candidature shall be cancelled. Besides, I will be penalized for carrying banned items as per the prevailing regulations of Saudi Arabia and I will be liable for deportation to India from KSA at any stage of Haj.

14. I hereby agree that the Rubat and metro transport facilities will be subject to the terms and conditions of KSA, and that if this is not possible, I will be obligated to pay charges for the services provided to me.

15. I do not have any criminal prosecutions pending against me and there is no Court Order prohibiting me/us to travel abroad exists.

16. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.

17. I understand that accommodation in Madinah is subject to availability, I may be allotted accommodation in Markazia or Non Markazia as per the availability. I will accept the accommodation provided to me, which is approved by the authorities in KSA.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature / Thumb impression of the applicant (Age 65+ pilgrim)

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature / Thumb impression of the applicant (companion)

# PASSPORT DECLARATION FORM

## (Only for Provisionally Selected Pilgrims)

To,  
The Chief Executive Officer  
Haj Committee of India,  
Haj House,  
7-A, M.R.A. Marg (Palton Road),  
Mumbai - 400 001.

Haj - 2026

Cover Number: -

Sr. No.	Details of Pilgrims (as per Valid Indian International Passport)	Information to be filled by Pilgrim
1	Name of the Pilgrim	NAZEERAHMED MARUF
2	Date of Birth (DD/MM/YYYY)	15-03-1954
3	Gender (Male/Female/Other)	Male
4	Passport Number	C4055795
5	Date of Issue of Passport (On or before 31-07-2025)	07-11-2024
6	Date of Expiry of Passport (On or after 31-12-2026)	06-11-2034
7	Whether it is a valid machine- readable passport (Yes/No)	
8	Whether Passport is damaged/torn/wet/loosened, in any form. (Yes/No)	
9	Whether at least two continuous blank pages are available in your passport (Yes/No)	

- (i) I, the undersigned, hereby certify that the above information is correct to the best of my knowledge. I declare that the passport mentioned above is in my possession and custody. The passport is not physically damaged/torn/wet/loosened and all pages in the Passport are intact.
- (ii) Further, whenever I travel abroad on this passport, I will inform to the Haj Committee of India (HCoI) and/or concerned SHC till my submission of original passport with the concerned SHC.
- (iii) I also assure that whenever the HCoI require the passport, I will promptly submit it to the respective SHC.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression

NAZEERAHMED MARUF

**Haj Committee of India**  
**Online Haj Application Form for Haj - 2026 (C.E.) 1447 (Hijri)**  
**Adult Pilgrim Detail : 4**



250806402980947

1. Category	65+ Age Category	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	4				
4. Name of Cover Head	MAHMADASHAHEB DADESHAHEB SATTAR	Embarkation Preference 1 / 2 : MUMBAI / BANGALORE			
<b>4. Applicant's Details (As per International Passport)</b>					
Passport Number	C6233844	Place of Issue	BENGALURU	Date of Issue	18-12-2024
Date of Expiry	17-12-2034	Date of Birth	20-02-1976	Place of Birth	KUDACHI, KARNATAKA
Surname	ROHILE	Given Name	IFTEKARAHAMED	Father's Name	GOUSMOHADDIN
Gender	Male	Mother's Name	HAYATTBI	Spouse's Name	SHABNAM IFTEKARAHAMED ROHILE
Marital Status	MARRIED	Blood Group	B+	Qualification	MATRICULATION / SSC
Occupation	BUSINESS	Aadhaar No.		PAN No.	
Companion Name		Companion Relation	NA		
<b>5. Health Details</b>					
Detail of Co-Morbidity		Not Applicable		Pregnancy Status	No
<b>6. Present Residential Address</b>					
Address		STATION ROAD, KUDACHI		Pincode	591311
State	Karnataka	District	Belagavi		
Mobile Number	9972464738	WhatsApp No / Mobile No.	9945865145	Email Id	
<b>7. Details of Nominee of Applicant</b>					
Name	INTEQAB	Mobile Number :	9945865145		
Father's / Husband's Name	GOUSMOHADDIN				
Relationship	BROTHER				
Address	STATION ROAD, KUDACHI			Pincode	591311
State	Karnataka	District	Belagavi		Signature / Thumb impression of Nominee
<b>8. Name of Mehram with Relation (applicable for female pilgrims only)</b>					
Name		Relationship:	NA		
Passport No.					Signature / Thumb impression of Mehram
<b>9. Bank Account Details</b>					
Name of Account Holder	MARUF NAZIR AHMED DADEBHAI	Bank Name	CANARA BANK		
Account No.	05462200006047	IFSC Code	CNRB0010546		
10. Are you a permissible Repeater Mehram?					NO
11. Do you want to perform ADAHI (Qurbani)?					NO
12. Opting JHOFA Meeqat (Only for Shia Pilgrims)?					NO
13. Do you want catering in an additional cost?					YES
14. Are you NRI?					NO
15. Are you a person with benchmark disability/disabilities, who cannot travel alone as certified by medical authorities?					
Indicate the nature of your disability					
Companion Name					
Companion Relation					
<ul style="list-style-type: none"> <li>I hereby undertake to abide by all the guidelines, including health protocol, age and travel restrictions, etc. issued by the Kingdom of Saudi Arabia and the Government of India/Haj Committee of India in view of CoVID-19 pandemic. I agree to travel to the Embarkation Point allotted to me and am ready to pay all the charges on all accounts. I am also willing to go through the RT-PCR test and quarantine period as specified in the protocol and guidelines</li> <li>I am aware of the tentative cost of Haj 2026, which may vary due to operational or functional reasons.</li> <li>I certify that the information furnished above is true and correct.</li> </ul>					
Signature / Thumb impression of the Applicant					

**FOR OFFICE USE ONLY**

**Online HAF Checked by**

**Verified by Executive Officer, State / UT Haj Committee**

All entries in the above HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-2026 (CE). 1447 (Hijri)

## SOLEMN DECLARATION AND UNDERTAKING

For Repeater in case of Mehram (Male Companion) of Lady Pilgrim / Companion of age 65+ pilgrim

I, Mr./Mrs./Miss **IFTEKARAHAMED ROHILE S/o./W/o./D/o. GOUSMOHADDIN**, an Indian citizen, do hereby solemnly affirm and declare as under:

1. I am aware that, as per Government of India policy, a person can perform Haj only "Once in a Lifetime" through Haj Committee of India (HCoI), and that this condition is waived only for the Mehram (Male companion) of a lady pilgrim / companion of age 65+ pilgrim, if no other Mehram / companion who has not performed Haj through HCoI is available.

2. I hereby declare that I performed Haj in the past through the HCoI in the year(s) \_\_\_\_\_.

3. I declare that no other Mehram (Male Companion)/Companion of age 65+ pilgrim, who has not performed Haj through the HCoI earlier is available to accompany the following co-applicant(s):

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. I am aware that if the concerned Lady Pilgrim(s) or 65+ pilgrim/s cancel her or their pilgrimage, my seat as Repeater Mehram (Male Companion) or 65+ pilgrim companion of accompanying the lady member(s) or 65+ pilgrims will be automatically cancelled.

9. I have read and understood thoroughly the Guidelines for Haj - 2026 (Hijri - 1447), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in the Kingdom of Saudi Arabia, and I undertake to abide by the same.

10. I hereby authorize HCoI to send SMS to my mobile phone number, even if I am on the DND registry.

11. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.

12. I/We understand that the Courts of Greater Mumbai only shall have jurisdiction in all matters of dispute. Further, the Supreme Court of India, in its April 16, 2013 Judgement, barred all Courts and Authorities from interfering with the Haj Process.

13. The particulars given by me in HAF, Solemn Declaration and Undertaking are true and correct to the best of my knowledge. I do hereby affirm and declare that in the event I have suppressed material information or given a false / incorrect declaration / undertaking, HCoI shall forfeit the amount deposited by me and I shall be liable for prosecution.

14. I am aware that HCoI reserves the right to change the embarkation point opted by me. In such a case, I shall abide by the decision of HCoI and shall not show any resentment, whatsoever, against the decision of HCoI.

15. I am ready to pay Visa Fees, as levied by the KSA Haj Authorities for endorsement of my Haj Visa.

16. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oils and creams, synthetic capore, cystone, khammera, gutkha, khaini, gul, peppermint or narcotics in any form, my candidature shall be cancelled. Besides, I will be penalized for carrying banned items as per the prevailing regulations of Saudi Arabia and I will be liable for deportation to India from KSA at any stage of Haj.

17. I hereby agree that the Rubat and metro transport facilities will be subject to the terms and conditions of KSA, and that if this is not possible, I will be obligated to pay charges for the services provided to me.

18. I do not have any criminal prosecutions pending against me and there is no Court Order prohibiting me/us to travel abroad exists.

19. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.

20. I understand that accommodation in Madinah is subject to availability, I may be allotted accommodation in Markazia or Non Markazia as per the availability. I will accept the accommodation provided to me, which is approved by the authorities in KSA.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature / Thumb impression of the applicant.**

# PASSPORT DECLARATION FORM

## (Only for Provisionally Selected Pilgrims)

To,  
The Chief Executive Officer  
Haj Committee of India,  
Haj House,  
7-A, M.R.A. Marg (Palton Road),  
Mumbai - 400 001.

Haj - 2026

Cover Number: -

Sr. No.	Details of Pilgrims (as per Valid Indian International Passport)	Information to be filled by Pilgrim
1	Name of the Pilgrim	IFTEKARAHAMED ROHILE
2	Date of Birth (DD/MM/YYYY)	20-02-1976
3	Gender (Male/Female/Other)	Male
4	Passport Number	C6233844
5	Date of Issue of Passport (On or before 31-07-2025)	18-12-2024
6	Date of Expiry of Passport (On or after 31-12-2026)	17-12-2034
7	Whether it is a valid machine- readable passport (Yes/No)	
8	Whether Passport is damaged/torn/wet/loosened, in any form. (Yes/No)	
9	Whether at least two continuous blank pages are available in your passport (Yes/No)	

- (i) I, the undersigned, hereby certify that the above information is correct to the best of my knowledge. I declare that the passport mentioned above is in my possession and custody. The passport is not physically damaged/torn/wet/loosened and all pages in the Passport are intact.
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- (iii) I also assure that whenever the HCoI require the passport, I will promptly submit it to the respective SHC.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression

IFTEKARAHAMED ROHILE