

HAJ COMMITTEE OF INDIA

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



250725302856026

1. Category	General	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	3				
4. Name of Cover Head	ATHIQUILLA BAIG MOHAMMAD	Embarkation Preference 1 / 2 :	HYDERABAD / MUMBAI		
4. Applicant's Details (As per International Passport)					
Passport Number	W6657301	Place of Issue	VIJAYAWADA	Date of Issue	22-02-2023
Date of Expiry	21-02-2033	Date of Birth	10-06-1964	Place of Birth	GUNTUR AP
Surname	MOHAMMAD	Given Name	ATHIQUILLA BAIG	Father's Name	OMAR ALI BAIG
Gender	Male	Mother's Name	ARSHADUNNISA BEGUM	Spouse's Name	AYESHA MOHAMMAD
Marital Status	MARRIED	Blood Group	O+	Qualification	GRADUATE
Occupation	BUSINESS	Aadhaar No.	8340-6683****	PAN No.	ATQPM****
Companion Name		Companion Relation	NA		
5. Health Details					
Detail of Co-Morbidity	Not Applicable		Pregnancy Status	NA	
6. Present Residential Address					
Address	18-18-123 MUFTY STREET CHINNA BAZAAR GUNTUR			Pincode	522003
State	Andhra pradesh	District	Guntur		
Mobile Number	9393961096	WhatsApp No / Mobile No.2	9393961096	Email Id	athiquilla1964@gmail.com
7. Details of Nominee of Applicant					
Name	MOHAMMAD MUSTAKHEEM	Mobile Number :	9666601286		
Father's /Husband's Name	MOHAMMAD ATHIQUILLA BAIG				
Relationship	DAUGHTER				
Address	QNO-9/6,21 PIT AREA,YELLANDU			Pincode	507124
State	Telangana	District	Bhadradri kothagudem	Signature / Thumb impression of Nominee	
8. Name of Mehram with Relation (applicable for female pilgrims only)					
Name	NA	Relationship:	NA		
Passport No.	NA			Signature / Thumb impression of Mehram	
9. Bank Account Details					
Name of Account Holder	MOHAMMAD ATHIQUILLA BAIG	Bank Name	SBI		
Account No.	42905768440	IFSC Code	SBIN0021153		
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?					NO
14. Are you NRI?					NO
15. Are you a person with benchmark disability/disabilities, who cannot travel alone as certified by medical authorities?					NO
Indicate the nature of your disability					
Companion Name					
Companion Relation					
<ul style="list-style-type: none"> 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 General Category

I, Mr./Mrs./Miss **ATHIQUILLA BAIG MOHAMMAD S/o./W/o./D/o. OMAR ALI BAIG**, 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).
2. I have never performed Haj through HCoI in the past, and hence I am eligible to apply for Haj - 2026 (Hijri - 1447). I am aware that repeaters are not eligible for Haj - 2026 (Hijri - 1447) and if it is detected at any stage that I have already performed Haj through HCoI, my seat shall be cancelled and the entire amount deposited by me shall be forfeited.
3. 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.
4. I hereby authorize HCoI to send SMS to my mobile phone number, even if I am on the DND registry.
5. 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.
6. 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.
7. I am ready to pay Visa Fees, as levied by the KSA Haj Authorities for endorsement of my Haj Visa.
8. I/We understand that the HCoI works without any 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 understand that my/our candidature shall be cancelled if I am/we are found carrying khas-khas, viagra-tablets, sexual oil and creams, synthetic capore, cystone, khammera, gutkha, khaini, gul, peppermint, or narcotics in any form. Besides, I/we will be penalized for carrying banned items as per the prevailing regulations of Saudi Arabia, and I/we will be liable for deportation to India from KSA at any stage of Haj.
11. 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.
12. I do not have any criminal prosecutions pending against me and there is no Court Order prohibiting me/us to travel abroad exists.
13. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.
14. 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	ATHIQUILLA BAIG MOHAMMAD
2	Date of Birth (DD/MM/YYYY)	10-06-1964
3	Gender (Male/Female/Other)	Male
4	Passport Number	W6657301
5	Date of Issue of Passport (On or before 31-07-2025)	22-02-2023
6	Date of Expiry of Passport (On or after 31-12-2026)	21-02-2033
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

ATHIQUILLA BAIG MOHAMMAD

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



250725302856026

1. Category	General	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	3				
4. Name of Cover Head	ATHIQUILLA BAIG MOHAMMAD	Embarkation Preference 1 / 2 :	HYDERABAD / MUMBAI		
4. Applicant's Details (As per International Passport)					
Passport Number	W6657805	Place of Issue	VIJAYAWADA	Date of Issue	22-02-2023
Date of Expiry	21-02-2033	Date of Birth	07-07-1977	Place of Birth	RAGHAVAPURAM AP
Surname	MOHAMMAD	Given Name	AYESHA	Father's Name	IMTIAZ ALI
Gender	Female	Mother's Name	MEHTAJ BEGUM	Spouse's Name	ATHIQUILLA BAIG MOHAMMAD
Marital Status	MARRIED	Blood Group	B+	Qualification	PRIMARY
Occupation	HOUSE WIFE	Aadhaar No.	9824-8274****	PAN No.	BBBPM****
Companion Name		Companion Relation	NA		
5. Health Details					
Detail of Co-Morbidity	Not Applicable	Pregnancy Status	No		
6. Present Residential Address					
Address	18-18-123 MUFTY STREET CHINNA BAZAAR GUNTUR			Pincode	522003
State	Andhra Pradesh	District	Guntur		
Mobile Number	9848854491	WhatsApp No / Mobile No.2	9393961096	Email Id	mdayesha7777@gmail.com
7. Details of Nominee of Applicant					
Name	MOHAMMAD MUSTAKHEEM	Mobile Number :	9666601286		
Father's /Husband's Name	MOHAMMAD ATHIQUILLA BAIG				
Relationship	DAUGHTER				
Address	QNO-9/6, 21 PIT AREA, YELLANDU			Pincode	507124
State	Telangana	District	Bhadradi kothagudem	Signature / Thumb impression of Nominee	
8. Name of Mehram with Relation (applicable for female pilgrims only)					
Name	ATHIQUILLA BAIG MOHAMMAD	Relationship:	HUSBAND		
Passport No.	W6657301			Signature / Thumb impression of Mehram	
9. Bank Account Details					
Name of Account Holder	MOHAMMAD ATHIQUILLA BAIG	Bank Name	SBI		
Account No.	42905768440	IFSC Code	SBIN0021153		
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?					NO
14. Are you NRI?					NO
15. Are you a person with benchmark disability/disabilities, who cannot travel alone as certified by medical authorities?					NO
Indicate the nature of your disability					
Companion Name					
Companion Relation					
<ul style="list-style-type: none"> 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 General Category

I, Mr./Mrs./Miss **AYESHA MOHAMMAD S/o./W/o./D/o. IMTIAZ ALL**, 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).
2. I have never performed Haj through HCoI in the past, and hence I am eligible to apply for Haj - 2026 (Hijri - 1447). I am aware that repeaters are not eligible for Haj - 2026 (Hijri - 1447) and if it is detected at any stage that I have already performed Haj through HCoI, my seat shall be cancelled and the entire amount deposited by me shall be forfeited.
3. 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.
4. I hereby authorize HCoI to send SMS to my mobile phone number, even if I am on the DND registry.
5. 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.
6. 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.
7. I am ready to pay Visa Fees, as levied by the KSA Haj Authorities for endorsement of my Haj Visa.
8. I/We understand that the HCoI works without any 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 understand that my/our candidature shall be cancelled if I am/we are found carrying khas-khas, viagra-tablets, sexual oil and creams, synthetic capore, cystone, khammera, gutkha, khaini, gul, peppermint, or narcotics in any form. Besides, I/we will be penalized for carrying banned items as per the prevailing regulations of Saudi Arabia, and I/we will be liable for deportation to India from KSA at any stage of Haj.
11. 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.
12. I do not have any criminal prosecutions pending against me and there is no Court Order prohibiting me/us to travel abroad exists.
13. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.
14. 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	AYESHA MOHAMMAD
2	Date of Birth (DD/MM/YYYY)	07-07-1977
3	Gender (Male/Female/Other)	Female
4	Passport Number	W6657805
5	Date of Issue of Passport (On or before 31-07-2025)	22-02-2023
6	Date of Expiry of Passport (On or after 31-12-2026)	21-02-2033
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)	

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- (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

AYESHA MOHAMMAD

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



250725302856026

1. Category	General	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	3				
4. Name of Cover Head	ATHIQUILLA BAIG MOHAMMAD	Embarkation Preference 1 / 2 :	HYDERABAD / MUMBAI		
4. Applicant's Details (As per International Passport)					
Passport Number	W6162369	Place of Issue	HYDERABAD	Date of Issue	27-10-2022
Date of Expiry	26-10-2032	Date of Birth	23-02-2005	Place of Birth	UPPAL RR DIST
Surname		Given Name	MUNAZZA JABEEN	Father's Name	MOHAMMAD NAZEER HUSSAIN
Gender	Female	Mother's Name	MAJIDA AKTHER	Spouse's Name	
Marital Status	SINGLE	Blood Group	B+	Qualification	GRADUATE
Occupation	STUDENT	Aadhaar No.	8439-1817****	PAN No.	CFBPJ****
Companion Name		Companion Relation	NA		
5. Health Details					
Detail of Co-Morbidity	Not Applicable	Pregnancy Status	No		
6. Present Residential Address					
Address	16-8-838 CHADERGHAT MALAKPET			Pincode	500024
State	Telangana	District	Hyderabad		
Mobile Number	8297407806	WhatsApp No / Mobile No.	8297407806	Email Id	
7. Details of Nominee of Applicant					
Name	MOHAMMAD MUSTAKHEEM	Mobile Number :	9666601286		
Father's /Husband's Name	MOHAMMAD ATHIQUILLA BAIG				
Relationship	COUSIN				
Address	QNO-9/6, 21 PIT AREA, YELLANDU			Pincode	507124
State	Telangana	District	Bhadradi kothagudem	Signature / Thumb impression of Nominee	
8. Name of Mehram with Relation (applicable for female pilgrims only)					
Name	MOHAMMAD ATHIQUILLA BAIG	Relationship:	UNCLE		
Passport No.	W6657301			Signature / Thumb impression of Mehram	
9. Bank Account Details					
Name of Account Holder	MOHAMMAD ATHIQUILLA BAIG	Bank Name	SBI		
Account No.	42905768440	IFSC Code	SBIN0021153		
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?					NO
14. Are you NRI?					NO
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Indicate the nature of your disability					
Companion Name					
Companion Relation					
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SOLEMN DECLARATION AND UNDERTAKING

For General Category

I, Mr./Mrs./Miss **MUNAZZA JABEEN** S/o./W/o./D/o. , 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).
2. I have never performed Haj through HCoI in the past, and hence I am eligible to apply for Haj - 2026 (Hijri - 1447). I am aware that repeaters are not eligible for Haj - 2026 (Hijri - 1447) and if it is detected at any stage that I have already performed Haj through HCoI, my seat shall be cancelled and the entire amount deposited by me shall be forfeited.
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14. 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	MUNAZZA JABEEN
2	Date of Birth (DD/MM/YYYY)	23-02-2005
3	Gender (Male/Female/Other)	Female
4	Passport Number	W6162369
5	Date of Issue of Passport (On or before 31-07-2025)	27-10-2022
6	Date of Expiry of Passport (On or after 31-12-2026)	26-10-2032
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)	

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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

MUNAZZA JABEEN