

HAJ COMMITTEE OF INDIA

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



250728203647144

1. Category	General	Cover No.	-		
2. Willing for Short Haj?	NO				
3. No. of Persons	2				
4. Name of Cover Head	ADNAN MOHAMMED	Embarkation Preference 1 / 2 : HYDERABAD / BANGALORE			
4. Applicant's Details (As per International Passport)					
Passport Number	U6706686	Place of Issue	Hyderabad	Date of Issue	11-02-2020
Date of Expiry	10-02-2030	Date of Birth	11-09-2004	Place of Birth	Hyderabad
Surname	MOHAMMED	Given Name	ADNAN	Father's Name	Mohammed Javeed Pasha
Gender	Male	Mother's Name	Nusrath Sulthana	Spouse's Name	
Marital Status	SINGLE	Blood Group	B-	Qualification	GRADUATE
Occupation	STUDENT	Aadhaar No.	5195-7465*****	PAN No.	FQFPA*****
Companion Name		Companion Relation	NA		
5. Health Details					
Detail of Co-Morbidity	Not Applicable		Pregnancy Status	NA	
6. Present Residential Address					
Address	11-2-454, Habeeb Nagar, Nampally, Hyderabad			Pincode	500001
State	Telangana	District	Hyderabad		
Mobile Number	6304573177	WhatsApp No / Mobile No.2	9618228820	Email Id	mohd.adnan3934@gmail.com
7. Details of Nominee of Applicant					
Name	Mohammed Javeed Pasha	Mobile Number :	9849738352		
Father's /Husband's Name	Abdul Rasheed				
Relationship	FATHER				
Address	11-2-454/4, Habeeb Nagar, Mallepalli			Pincode	500001
State	Telangana	District	Hyderabad	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	Mohd Adnan	Bank Name	State Bank of India		
Account No.	35077459386	IFSC Code	SBIN0001979		
10. Are you a permissible Repeater Mehram?					NO
11. Do you want to perform ADAHI (Qurbani)?					YES
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?					NO
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 General Category

I, Mr./Mrs./Miss **ADNAN MOHAMMED** S/o./W/o./D/o. **Mohammed Javeed Pasha**, 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	ADNAN MOHAMMED
2	Date of Birth (DD/MM/YYYY)	11-09-2004
3	Gender (Male/Female/Other)	Male
4	Passport Number	U6706686
5	Date of Issue of Passport (On or before 31-07-2025)	11-02-2020
6	Date of Expiry of Passport (On or after 31-12-2026)	10-02-2030
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

ADNAN MOHAMMED

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



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1. Category	General	Cover No.	-		
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3. No. of Persons	2				
4. Name of Cover Head	ADNAN MOHAMMED	Embarkation Preference 1 / 2 : HYDERABAD / BANGALORE			
4. Applicant's Details (As per International Passport)					
Passport Number	Y3810623	Place of Issue	Hyderabad	Date of Issue	20-06-2024
Date of Expiry	19-06-2034	Date of Birth	18-05-1973	Place of Birth	Hyderabad
Surname	SULTANA	Given Name	NUSRATH ATHER	Father's Name	Mohd Ismail
Gender	Female	Mother's Name	Mahboob Begum	Spouse's Name	Zaweed Pasha
Marital Status	MARRIED	Blood Group	A-	Qualification	POST GRADUATE
Occupation	GOVT SERVICE	Aadhaar No.	3080-7054*****	PAN No.	IKVPS*****
Companion Name		Companion Relation	NA		
5. Health Details					
Detail of Co-Morbidity	Hypertension	Pregnancy Status	No		
6. Present Residential Address					
Address	11-3-342, 3rd Floor, Shaheen Apartment, Mallepally, Nampally			Pincode	500001
State	Telangana	District	Hyderabad		
Mobile Number	9618822882	WhatsApp No / Mobile No.2	6304573177	Email Id	nusrathsultana709@gmail.com
7. Details of Nominee of Applicant					
Name	Mohammed Javeed Pasha	Mobile Number :	9849738352		
Father's /Husband's Name	Abdul Rasheed				
Relationship	HUSBAND				
Address	11-2-454/4, Habeeb Nagar, Mallepalli			Pincode	500001
State	Telangana	District	Hyderabad		Signature / Thumb impression of Nominee
8. Name of Mehram with Relation (applicable for female pilgrims only)					
Name	Mohammed Adnan	Relationship:	SON		
Passport No.	U6706686				Signature / Thumb impression of Mehram
9. Bank Account Details					
Name of Account Holder	Mohd Adnan	Bank Name	State Bank of India		
Account No.	35077459386	IFSC Code	SBIN0001979		
10. Are you a permissible Repeater Mehram?					NO
11. Do you want to perform ADAHI (Qurbani)?					YES
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?					NO
Indicate the nature of your disability					
Companion Name					
Companion Relation					
<p>• 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</p> <p>• I am aware of the tentative cost of Haj 2026, which may vary due to operational or functional reasons.</p> <p>• I certify that the information furnished above is true and correct.</p>					
Signature / Thumb impression of the Applicant					

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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 **NUSRATH ATHER SULTANA S/o./W/o./D/o. Mohd Ismail**, 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.
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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.
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Signature / Thumb impression of the applicant.

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The Chief Executive Officer
Haj Committee of India,
Haj House,
7-A, M.R.A. Marg (Palton Road),
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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	NUSRATH ATHER SULTANA
2	Date of Birth (DD/MM/YYYY)	18-05-1973
3	Gender (Male/Female/Other)	Female
4	Passport Number	Y3810623
5	Date of Issue of Passport (On or before 31-07-2025)	20-06-2024
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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

NUSRATH ATHER SULTANA