

**HAJ COMMITTEE OF INDIA**  
**ONLINE HAJ APPLICATION FORM FOR HAJ – 1444 (H) – 2023 (C.E.)**



<b>1. Category :</b>		<b>GENERAL</b>		<b>Cover No. :</b>		
<b>2. No. of Adult :</b>		<b>4</b>		<b>No. of Infant : 0</b>		
<b>3. Name of Cover Head :</b>		<b>GHOUSE MOHIDDIN</b>		<b>Embarkation Preference 1 / 2 :</b> <b>VIJAYAWADA / HYDERABAD</b>		
<b>4. Applicant's Details</b> (As per International Passport)						
Passport Number	<b>W7703117</b>	Place of Issue	<b>VIJAYAWADA</b>	Date of Issue	<b>09-12-2022</b>	
Date of Expiry	<b>08-12-2032</b>	Date of Birth	<b>01-06-1964</b>	Place of Birth	<b>RAPUR</b>	
Surname	<b>SHAIK</b>	Given Name	<b>GHOUSE MOHIDDIN</b>	Father's Name	<b>MASUM SAHEB SHAIK</b>	
Gender	<b>MALE</b>	Mother's Name	<b>GHOUSE BEE SHAIK</b>	Spouse's Name	<b>SABIHABANU SHAIK</b>	
Marital Status	<b>MARRIED</b>	Blood Group	<b>B+</b>	Qualification	<b>GRADUATE</b>	
Occupation	<b>GOVT. SERVICE</b>	Aadhaar No.	<b>948333997766</b>	PAN No.	<b>AKDPM9504G</b>	
<b>5. Health Details</b>						
Detail of Co-Morbidity		<b>Diabetes</b>		Pregnancy Status		<b>N/A</b>
Vaccine	<b>Covishield</b>	Dose 1 Date	<b>07-01-2022</b>	Dose 2	<b>Yes</b>	
Dose 2 Date	<b>07-04-2022</b>	Precaution Dose	<b>No</b>	Precaution Dose Date		
<b>6. Present Residential Address</b>						
Address		<b>5-122, PEDDA MOSQUE STREET, OPPOSITE BIG MOSQUE RAPUR, POTTI SRIRAMULU NELLORE</b>				
		Pincode	<b>524408</b>			
State	<b>ANDHRA PRADESH</b>	District	<b>SRI POTTI SRIRAMULU NELLORE</b>			
Mobile Number	<b>9493029545</b>	Email Id	<b>tahir77331@outlook.com</b>			
<b>7. Details of Nominee of Applicant</b>						
Name	<b>SHAIK SABIHABANU</b>					
Father's /Husband's Name	<b>SHAIK GHOUSE MOHIDDIN</b>	Mobile Number : <b>9505741431</b>				
Relationship	<b>HUSBAND</b>					
Address	<b>5-88, BIG MOSQUE STREET RAPUR</b>					
		Pincode : <b>524408</b>				
State	<b>ANDHRA PRADESH</b>	District : <b>SRI POTTI SRIRAMULU NELLORE</b>		Signature / Thumb impression of Nominee		
<b>8. Name of Mehram with Relation</b> (applicable for female pilgrims only)						
Name		Relationship :				
Passport No.		Signature / Thumb impression of Mehram				
<b>9. Bank Account Details</b>						
Name of Account Holder	<b>GHOUSE MOHIDDIN SHAIK</b>	Bank Name	<b>STATE BANK OF INDIA</b>			
Account No.	<b>30345841507</b>	IFSC Code	<b>SBIN0001163</b>			
<b>10. Are you (a) permissible Repeater Mehram / Companion of age 70+ pilgrim?</b>				<b>NO</b>		
<b>11. Do you want to perform ADAHI (Qurbani) through IDB ?</b>				<b>YES</b>		
<b>12. Opting JOHFA Meeqat (only for Shia pilgrims)</b>				<b>NO</b>		
<b>13. Whether willing to avail facility of Rubat?</b>				<b>NO</b>		
<b>14. ARE YOU N R I ?</b>				<b>NO</b>		
<b>15. Status of disabilities and type of assistance needed?</b>				<b>YES</b>		
<b>16. Whether willing to avail Metro facilities in KSA for local travel?</b>				<b>YES</b>		
<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 2023, 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**

All entries in the above online HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-1444 (H) - 2023 (CE).

Online HAF Checked by

Verified by Executive Officer, State / UT Haj Committee

## SOLEMN DECLARATION AND UNDERTAKING

for General Category

I, Mr./Mrs./Miss GHOUSE MOHIDDIN S/o./W/o./D/o. MASUM SAHEB SHAIK, 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 the Haj Committee of India (HCoI).
2. I have never performed Haj through the HCoI in the past, and hence I am eligible to apply for Haj-2023. I am aware that repeaters are not eligible for Haj 2023 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 shall be forfeited.
3. I have read / understood thoroughly the Guidelines for Haj 1444 (H) – 2023 (C.E.), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in 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, the solemn declaration, and the 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 extra charges, as levied by the KSA Haj authorities, for the endorsement of my Haj visa.
8. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.
9. Further, we understand that the Courts of Greater Mumbai alone shall have jurisdiction in all matters of dispute.
10. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oil 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.
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.
13. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.


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

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

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Signature / Thumb impression of the applicant.

HAJ COMMITTEE OF INDIA  
ONLINE HAJ APPLICATION FORM FOR HAJ – 1444 (H) – 2023 (C.E.)  
Adult Pilgrim Detail : 2

<b>1. Category :</b>		<b>GENERAL</b>		<b>Cover No. :</b>		
<b>2. No. of Adult :</b>		<b>4</b>		<b>No. of Infant : 0</b>		
<b>3. Name of Cover Head :</b>		<b>GHOUSE MOHIDDIN</b>		<b>Embarkation Preference 1 / 2 :</b> <b>VIJAYAWADA / HYDERABAD</b>		
<b>4. Applicant's Details</b> (As per International Passport)						
Passport Number	<b>W7702664</b>	Place of Issue	<b>VIJAYAWADA</b>	Date of Issue	<b>09-12-2022</b>	
Date of Expiry	<b>08-12-2032</b>	Date of Birth	<b>02-06-1972</b>	Place of Birth	<b>ATMAKUR</b>	
Surname	<b>SHAIK</b>	Given Name	<b>SABIHABANU</b>	Father's Name	<b>KALESHA SHAIK</b>	
Gender	<b>FEMALE</b>	Mother's Name	<b>BANU BEE SHAIK</b>	Spouse's Name	<b>GHOUSE MOHIDDIN SHAIK</b>	
Marital Status	<b>MARRIED</b>	Blood Group	<b>A+</b>	Qualification	<b>PRIMARY</b>	
Occupation	<b>HOUSE WIFE</b>	Aadhaar No.	<b>953136211848</b>	PAN No.		
<b>5. Health Details</b>						
Detail of Co-Morbidity		<b>Diabetes</b>		Pregnancy Status		<b>No</b>
Vaccine	<b>Covishield</b>	Dose 1 Date	<b>07-01-2022</b>	Dose 2	<b>Yes</b>	
Dose 2 Date	<b>07-04-2022</b>	Precaution Dose	<b>No</b>	Precaution Dose Date		
<b>6. Present Residential Address</b>						
Address	<b>BIG MOSQUE STREET RAPUR, POTTI SRIRAMULU NELLORE</b>		Pincode	<b>524408</b>		
State	<b>ANDHRA PRADESH</b>		District	<b>SRI POTTI SRIRAMULU NELLORE</b>		
Mobile Number	<b>9505741431</b>		Email Id	<b>tahir1256@gmail.com</b>		
<b>7. Details of Nominee of Applicant</b>						
Name	<b>GHOUSE MOHIDDIN SHAIK</b>			Mobile Number : <b>9493029545</b>		
Father's /Husband's Name	<b>GHOUSE MOHIDDIN SHAIK</b>					
Relationship	<b>HUSBAND</b>					
Address	<b>5-122, PEDDA MOSQUE STREET, OPPOSITE BIG MOSQUE RAPUR, POTTI SRIRAMULU NELLORE</b>			Pincode : <b>524408</b>		
State	<b>ANDHRA PRADESH</b>			District : <b>SRI POTTI SRIRAMULU NELLORE</b>		
Signature / Thumb impression of Nominee						
<b>8. Name of Mehram with Relation</b> (applicable for female pilgrims only)						
Name	<b>GHOUSE MOHIDDIN SHAIK</b>		Relationship : <b>HUSBAND</b>			
Passport No.	<b>W7703117</b>					
Signature / Thumb impression of Mehram						
<b>9. Bank Account Details</b>						
Name of Account Holder	<b>GHOUSE MOHIDDIN SHAIK</b>		Bank Name	<b>STATE BANK OF INDIA</b>		
Account No.	<b>30345841507</b>		IFSC Code	<b>SBIN0001163</b>		
<b>10. Are you (a) permissible Repeater Mehram / Campanion of age 70+ pilgrim?</b>				<b>NO</b>		
<b>11. Do you want to perform ADAHI (Qurbani) through IDB ?</b>				<b>YES</b>		
<b>12. Opting JOHFA Meeqat (only for Shia pilgrims)</b>				<b>NO</b>		
<b>13. Whether willing to avail facility of Rubat?</b>				<b>NO</b>		
<b>14. ARE YOU N R I ?</b>				<b>NO</b>		
<b>15. Status of disabilities and type of assistance needed?</b>						
<b>16. Whether willing to avail Metro facilities in KSA for local travel?</b>				<b>YES</b>		
<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 2023, 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						

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All entries in the above online HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-1444 (H) - 2023 (CE).

Online HAF Checked by

Verified by Executive Officer, State / UT Haj Committee



## SOLEMN DECLARATION AND UNDERTAKING

for General Category

I, Mr./Mrs./Miss SABIHABANU S/o./W/o./D/o. KALESHA SHAIK, 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 the Haj Committee of India (HCol).
2. I have never performed Haj through the HCol in the past, and hence I am eligible to apply for Haj-2023. I am aware that repeaters are not eligible for Haj 2023 and if it is detected at any stage that I have already performed Haj through HCol, my seat shall be cancelled and the entire amount deposited shall be forfeited.
3. I have read / understood thoroughly the Guidelines for Haj 1444 (H) – 2023 (C.E.), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in Kingdom of Saudi Arabia, and I undertake to abide by the same.
4. I hereby authorize HCol to send SMS to my mobile phone number, even if I am on the DND registry.
5. The particulars given by me in HAF, the solemn declaration, and the 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, HCol shall forfeit the amount deposited by me and I shall be liable for prosecution.
6. I am aware that HCol reserves the right to change the Embarkation point opted by me. In such a case, I shall abide by the decision of HCol and shall not show any resentment, whatsoever, against the decision of HCol.
7. I am ready to pay extra charges, as levied by the KSA Haj authorities, for the endorsement of my Haj visa.
8. I/We understand that the HCol works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.
9. Further, we understand that the Courts of Greater Mumbai alone shall have jurisdiction in all matters of dispute.
10. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oil 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.
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.
13. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.


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

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

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Signature / Thumb impression of the applicant.

HAJ COMMITTEE OF INDIA  
ONLINE HAJ APPLICATION FORM FOR HAJ – 1444 (H) – 2023 (C.E.)  
Adult Pilgrim Detail : 3

<b>1. Category :</b>		<b>GENERAL</b>		<b>Cover No. :</b>		
<b>2. No. of Adult :</b>		<b>4</b>		<b>No. of Infant : 0</b>		
<b>3. Name of Cover Head :</b>		<b>GHOUSE MOHIDDIN</b>		<b>Embarkation Preference 1 / 2 :</b> <b>VIJAYAWADA / HYDERABAD</b>		
<b>4. Applicant's Details</b> (As per International Passport)						
Passport Number	<b>N2644636</b>	Place of Issue	<b>HYDERABAD</b>	Date of Issue	<b>31-08-2015</b>	
Date of Expiry	<b>30-08-2025</b>	Date of Birth	<b>10-05-1990</b>	Place of Birth	<b>RAPUR</b>	
Surname	<b>SHAIK</b>	Given Name	<b>TAYAB AHAMAD</b>	Father's Name	<b>GHOUSE MOHIDDIN SHAIK</b>	
Gender	<b>MALE</b>	Mother's Name	<b>SABIHA BANU SHAIK</b>	Spouse's Name		
Marital Status	<b>NOT APPLICABLE</b>	Blood Group	<b>B+</b>	Qualification	<b>GRADUATE</b>	
Occupation	<b>PROFESSIONAL</b>	Aadhaar No.	<b>931056632352</b>	PAN No.		
<b>5. Health Details</b>						
Detail of Co-Morbidity		<b>Not Applicable</b>		Pregnancy Status		<b>N/A</b>
Vaccine	<b>Covishield</b>	Dose 1 Date	<b>05-09-2021</b>	Dose 2	<b>Yes</b>	
Dose 2 Date	<b>30-11-2021</b>	Precaution Dose	<b>No</b>	Precaution Dose Date		
<b>6. Present Residential Address</b>						
Address		<b>W-5-88, BIG MOSQUE STREET RAPUR</b>		Pincode	<b>524408</b>	
State	<b>ANDHRA PRADESH</b>		District	<b>SRI POTTI SRIRAMULU NELLORE</b>		
Mobile Number	<b>9790313730</b>		Email Id	<b>tayab4c1@gmail.com</b>		
<b>7. Details of Nominee of Applicant</b>						
Name	<b>SHAIK SABIHABANU</b>					
Father's /Husband's Name	<b>SHAIK GHOUSE MOHIDDIN</b>				Mobile Number : <b>9505741431</b>	
Relationship	<b>MOTHER</b>					
Address	<b>5-88, BIG MOSQUE STREET RAPUR</b>		Pincode	<b>524408</b>		
State	<b>ANDHRA PRADESH</b>		District	<b>SRI POTTI SRIRAMULU NELLORE</b>		Signature / Thumb impression of Nominee
<b>8. Name of Mehram with Relation</b> (applicable for female pilgrims only)						
Name		Relationship :				
Passport No.		Signature / Thumb impression of Mehram				
<b>9. Bank Account Details</b>						
Name of Account Holder	<b>GHOUSE MOHIDDIN SHAIK</b>		Bank Name	<b>STATE BANK OF INDIA</b>		
Account No.	<b>30345841507</b>		IFSC Code	<b>SBIN0001163</b>		
<b>10. Are you (a) permissible Repeater Mehram / Companion of age 70+ pilgrim?</b>				<b>NO</b>		
<b>11. Do you want to perform ADAHI (Qurbani) through IDB ?</b>				<b>YES</b>		
<b>12. Opting JOHFA Meeqat (only for Shia pilgrims)</b>				<b>NO</b>		
<b>13. Whether willing to avail facility of Rubat?</b>				<b>NO</b>		
<b>14. ARE YOU N R I ?</b>				<b>NO</b>		
<b>15. Status of disabilities and type of assistance needed?</b>				<b>YES</b>		
<b>16. Whether willing to avail Metro facilities in KSA for local travel?</b>				<b>YES</b>		
<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 2023, 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						

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All entries in the above online HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-1444 (H) - 2023 (CE).

Online HAF Checked by

Verified by Executive Officer, State / UT Haj Committee





## SOLEMN DECLARATION AND UNDERTAKING

for General Category

I, Mr./Mrs./Miss TAYAB AHAMAD S/o./W/o./D/o. GHOUSE MOHIDDIN SHAIK, 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 the Haj Committee of India (HCoI).
2. I have never performed Haj through the HCoI in the past, and hence I am eligible to apply for Haj-2023. I am aware that repeaters are not eligible for Haj 2023 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 shall be forfeited.
3. I have read / understood thoroughly the Guidelines for Haj 1444 (H) – 2023 (C.E.), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in 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, the solemn declaration, and the 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 extra charges, as levied by the KSA Haj authorities, for the endorsement of my Haj visa.
8. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.
9. Further, we understand that the Courts of Greater Mumbai alone shall have jurisdiction in all matters of dispute.
10. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oil 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.
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.
13. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.


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

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

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Signature / Thumb impression of the applicant.

HAJ COMMITTEE OF INDIA  
ONLINE HAJ APPLICATION FORM FOR HAJ – 1444 (H) – 2023 (C.E.)  
Adult Pilgrim Detail : 4

<b>1. Category :</b>		<b>GENERAL</b>		<b>Cover No. :</b>		
<b>2. No. of Adult :</b>		<b>4</b>		<b>No. of Infant : 0</b>		
<b>3. Name of Cover Head :</b>		<b>GHOUSE MOHIDDIN</b>		<b>Embarkation Preference 1 / 2 :</b> <b>VIJAYAWADA / HYDERABAD</b>		
<b>4. Applicant's Details</b> (As per International Passport)						
Passport Number	<b>S0940803</b>	Place of Issue	<b>VIJAYAWADA</b>	Date of Issue	<b>26-03-2018</b>	
Date of Expiry	<b>25-03-2028</b>	Date of Birth	<b>12-08-1994</b>	Place of Birth	<b>RAPUR</b>	
Surname	<b>SHAIK</b>	Given Name	<b>TAHEER AHAMED</b>	Father's Name	<b>GHOUSE MOHIDDIN SHAIK</b>	
Gender	<b>MALE</b>	Mother's Name	<b>SABIHA BANU SHAIK</b>	Spouse's Name		
Marital Status	<b>NOT APPLICABLE</b>	Blood Group	<b>B+</b>	Qualification	<b>GRADUATE</b>	
Occupation	<b>PROFESSIONAL</b>	Aadhaar No.	<b>497758533041</b>	PAN No.	<b>HKJPS2006C</b>	
<b>5. Health Details</b>						
Detail of Co-Morbidity		<b>Not Applicable</b>		Pregnancy Status		<b>N/A</b>
Vaccine	<b>Covishield</b>	Dose 1 Date	<b>28-01-2022</b>	Dose 2	<b>Yes</b>	
Dose 2 Date	<b>05-03-2022</b>	Precaution Dose	<b>No</b>	Precaution Dose Date		
<b>6. Present Residential Address</b>						
Address	<b>PEDDA MOSQUE STREET</b>					
	<b>RAPUR, POTTI SRIRAMULU NELLORE</b>		Pincode	<b>524408</b>		
State	<b>ANDHRA PRADESH</b>		District	<b>SRI POTTI SRIRAMULU NELLORE</b>		
Mobile Number	<b>9492627843</b>		Email Id	<b>tahir77331@outlook.com</b>		
<b>7. Details of Nominee of Applicant</b>						
Name	<b>SABIHABANU SHAIK</b>					
Father's /Husband's Name	<b>SHAIK GHOUSE MOHIDDIN</b>				Mobile Number : <b>9505741431</b>	
Relationship	<b>MOTHER</b>					
Address	<b>5-88, BIG MOSQUE STREET</b>					
	<b>RAPUR</b>		Pincode : <b>524408</b>			
State	<b>ANDHRA PRADESH</b>		District : <b>SRI POTTI SRIRAMULU NELLORE</b>		Signature / Thumb impression of Nominee	
<b>8. Name of Mehram with Relation</b> (applicable for female pilgrims only)						
Name		Relationship :				
Passport No.						
Signature / Thumb impression of Mehram						
<b>9. Bank Account Details</b>						
Name of Account Holder	<b>GHOUSE MOHIDDIN SHAIK</b>		Bank Name	<b>STATE BANK OF INDIA</b>		
Account No.	<b>30345841507</b>		IFSC Code	<b>SBIN0001163</b>		
<b>10. Are you (a) permissible Repeater Mehram / Companion of age 70+ pilgrim?</b>				<b>NO</b>		
<b>11. Do you want to perform ADAHI (Qurbani) through IDB ?</b>				<b>YES</b>		
<b>12. Opting JOHFA Meeqat (only for Shia pilgrims)</b>				<b>NO</b>		
<b>13. Whether willing to avail facility of Rubat?</b>				<b>NO</b>		
<b>14. ARE YOU N R I ?</b>				<b>NO</b>		
<b>15. Status of disabilities and type of assistance needed?</b>						
<b>16. Whether willing to avail Metro facilities in KSA for local travel?</b>				<b>YES</b>		
<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 2023, 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

All entries in the above online HAF have been checked and found to be in order. Certified that the applicant is eligible to register for Haj-1444 (H) - 2023 (CE).

Online HAF Checked by

Verified by Executive Officer, State / UT Haj Committee



## SOLEMN DECLARATION AND UNDERTAKING

for General Category

I, Mr./Mrs./Miss TAHEER AHAMED S/o./W/o./D/o. GOUSE MOHIDDIN SHAIK, 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 the Haj Committee of India (HCoI).
2. I have never performed Haj through the HCoI in the past, and hence I am eligible to apply for Haj-2023. I am aware that repeaters are not eligible for Haj 2023 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 shall be forfeited.
3. I have read / understood thoroughly the Guidelines for Haj 1444 (H) – 2023 (C.E.), particularly with reference to eligibility, cost, payments and confirmation, cancellation, refunds, embarkation points, vaccination and health requirements before flight, baggage, flight, and accommodation in 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, the solemn declaration, and the 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 extra charges, as levied by the KSA Haj authorities, for the endorsement of my Haj visa.
8. I/We understand that the HCoI works without profit motive and does not attract the provisions of the Consumer Protection Act, 2019.
9. Further, we understand that the Courts of Greater Mumbai alone shall have jurisdiction in all matters of dispute.
10. I understand that if I am found carrying khas-khas, viagra-tablets, sexual oil 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.
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.
13. I am medically fit to perform the Haj pilgrimage and do not have any contagious diseases.

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

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

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Signature / Thumb impression of the applicant.