

<b>1. CATEGORY:</b> (Tick (✓) as appropriate) (i) <b>Reserved-A (Age 70+)</b> <input type="checkbox"/> (ii) <b>Reserved-B (Fourth Timer</b> <input type="checkbox"/> <b>/ Fifth Timer</b> <input type="checkbox"/> (iii) <b>General</b> <input type="checkbox"/>												<b>PHOTOGRAPH</b> Paste your recent passport size colour photograph having <b>WHITE BACKGROUND</b> (Size:3.5cm x 3.5 cm)		
<b>(i). If Reserved- A (Age 70+) give details of companion:</b>														
Name														
Relationship														
<b>(ii). If Reserved- B, give Cover Numbers and Passport Numbers as under:</b>														
a) Fourth Timer						b) Fifth Timer						<b>2. ACCOMMODATION CATEGORY OPTED</b> (Tick (✓) the desired) GREEN <input type="checkbox"/> AZIZIYA <input type="checkbox"/>		
Year	Cover No.	Passport No.	Year	Cover No.	Passport No.									
2023			2022											
2024			2023											
2025			2024											
<b>3. NAME OF COVER HEAD (Male adult only)</b>														
<b>4. APPLICANT'S DETAILS (As per International Passport)</b>														
Passport Number						Place of Issue								
Date of Issue				Date of Expiry				Gender: Male		Female				
Name														
Aadhar Number						PAN No.								
Father's Name														
Mother's Name														
Spouse's Name						Whats app no.								
Date of Birth				Place of Birth										
Marital Status: Married			Unmarried			Qualification:			Occupation:			Blood Group:		
<b>5. PRESENT RESIDENTIAL ADDRESS:</b>														
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>														
										Pin Code				
District						State								
Mobile Number						Email ID :								
<b>6. DETAILS OF NOMINEE OF APPLICANT:</b>														
Name														
Father's / Husband's Name														
Relationship						Telephone / Mobile No.								
Address														
										Signature / Thumb Impression of Nominee				
District						State								
<b>7. NAME OF MEHRAM WITH RELATION (for female pilgrims only)</b>														
Name														
Relationship														
Passport Number														
										Signature / Thumb Impression of Mehram				
<b>8. Are you a permissible Repeater (Mehram / Companion of Age 70+ applicant) :</b>														
										Yes		No		
<b>9. COVER HEAD'S BANK ACCOUNT DETAILS :</b>														
Bank Name				Branch Name				Branch Code		Account No.		IFSC Code		
<b>10. Do you want to perform ADAHI (Qurbani) through IDB :</b>														
										Yes		No		
<b>11. Language opted for Haj Guide (Tick (✓) any one):</b>														
English	Hindi	Urdu	Tamil	Kannada	Telugu	Bengali	Gujarati	Manipuri	Assamese	Malayalam				
<b>12. Are you NRI :</b> Yes <input type="checkbox"/> No <input type="checkbox"/>														
<b>13. Opting JOHFA Meeqat (only for Shia pilgrims):</b> Yes <input type="checkbox"/> No <input type="checkbox"/>														

I certify that the information furnished above is true and correct.

**SIGNATURE / THUMB IMPRESSION OF THE APPLICANT**

( F O R O F F I C E U S E O N L Y )

DATE OF RECEIPT	SERIAL NO.	AGENT CODE	SEATS		EMBARKATION POINT
			ADULT	INFANT	SERIAL NUMBER OF HCoI

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

**HAF checked by:**

**Data entry by:**

**Executive Officer, Noor-e-haj foundation**

## DECLARATION FORM – HAJ APPLICANT

Name of Applicant: \_\_\_\_\_  
Father's / Husband's Name: \_\_\_\_\_  
Cover No.: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_

I, Mr./Mrs./Miss \_\_\_\_\_ S/o / W/o / D/o \_\_\_\_\_, an Indian citizen, hereby declare that I have enclosed the following documents with my Haj Application Form (HAF):

1. Original / self-attested copy of International Passport (photo page and address page).
2. Self-attested copy of latest passport-size colour photograph as per Haj guidelines.
3. Self-attested copy of Aadhaar Card / other Government Photo ID (if required).
4. Self-attested copy of address proof (if address is different from passport).
5. Printed copy of online HAF, duly signed.
6. Solemn Declaration and Undertaking in prescribed format (General / LWM / 70+ / Repeater, as applicable)
7. Medical Screening & Fitness Certificate in prescribed Haj format.
8. Any other document(s) required by Haj Committee / State Haj Committee / HGO:.

I declare that:-

- ❖ All the above documents are genuine and self-attested by me where required.
- ❖ The particulars given by me in the HAF, this documents declaration, and all undertakings are true and correct to the best of my knowledge, and I understand that if any information is found false, my Haj application may be cancelled as per Haj Committee rules.

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

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

Signature / Thumb impression of Applicant: \_\_\_\_\_