

**Jammu & Kashmir**  
**Haj Committee**

*Baitul Hujaj, Haj House, Bemina, Srinagar*  
*Under Department of Haj & Auqaf, Govt. Of Jammu & Kashmir*  
(Ph.No.0194-2495365, 0194-2495367, [www.jkshc.org](http://www.jkshc.org), mail at:jkstatehaj@gmail.com)

**Notification**

As per Circular 8 dated: 07/10/2024 received from Haj Committee of India, all the provisionally selected pilgrims are required to deposit initially Advance Haj amount of Rs. 1,30,300/- each upto 21<sup>st</sup> October, 2024 positively. Payments can be made either:

A) (E-payment facility available on <https://hajcommittee.gov.in> & "Haj Suvidha App")

- 01 Credit Card
- 02 Debit Card
- 03 Net Banking
- 04 UPI

B) Amount can be deposited in any branch of SBI or UBI in the account of Haj Committee of India through the specified Pay-in-slip by using Bank Reference Number available on website or already sent through SMS against your cover number.

After depositing the advance Haj Amount, the Provisionally Selected Pilgrims shall submit the following documents in (Haj Section) of the concerned **Deputy Commissioners Office**.

- a) Haj Application Form (HAF)
- b) Solemn Declaration & Undertaking
- c) Copy of Pay-in-slip/Online receipt.
- d) Medical Screening and Fitness Certificate (as per format available on the website i.e., [www.hajcommittee.gov.in](http://www.hajcommittee.gov.in))
- e) Self-attested copy of International Passport.

However, the Provisionally Selected Pilgrims of Srinagar district shall deposit the aforesaid Documents directly in Haj House Bemina, Srinagar by or before **23/10/2024**

Further, all the selected pilgrims are advised to download the Medical Screening and Fitness Certificate from Haj Committee of India website [www.jkshc.org](http://www.jkshc.org) and get the same issued from Govt. Medical Officer after medical examination. The pilgrims can upload the Medical Certificate on the portal of Haj Committee website i.e., [www.jkshc.org](http://www.jkshc.org)

  
**Executive Officer**  
**J&K Haj Committee**

**No: Haj/2025/Cs/120/7**

**Dated: 08/10/2024**

**Copy to the: -**

1. Commissioner / Secretary Revenue, (Haj & Auqaf), J&K Civil Secretariat.
2. Divisional Commissioner, Kashmir / Jammu.
3. All Deputy Commissioners. (UT of Jammu & Kashmir).
4. Director Doordarshan Kendra / All India Radio, Srinagar with the request to disseminate the contents of the Press Release.
5. Joint Director Information, Kashmir with the request that the press release may be given wide publicity.
6. Incharge Website, JKSHC.

**Copy also to:**

1. All Hon'ble Members of J&K Haj Committee.

<b>Haj COMMITTEE OF INDIA</b> Bait-ul-Hujjaj(Haj House),7-A,M.R.A. Marg (Palton Raod),Mumbai - 400001.				<b>State Bank of India</b>
CASH OR TRANSFER ONLY	Branch : HAJ COMMITTEE OF INDIA	Code : HAJ - 2025 (Hijri - 1446)	<b>BANK COPY</b>	
<b>SBI NAVIGATION -&gt; CBS -&gt; APPS -&gt; EASYCOLLECT -&gt; PAYMENT COLLECTION -&gt; SELECT CATEGORY -&gt; HAJ COLLECTION</b>				
EASY COLLECT COLLECTION DETAILS		BANK REFERENCE NUMBER		
AMOUNT OF : ADVANCE HAJ AMOUNT/BALANCE HAJ AMOUNT		DATE OF DEPOSIT :		
HAJ COVER NUMBER		MOBILE NUMBER		
NAME OF COVER HEAD				
PARTICULARS OF THE PAYMENT				
SR NO	NAME OF PILGRIMS	ADDRESS OF COVER HEAD	CASH NOTES	AMOUNT IN RUPEES
			x 500	
			x 200	
			x 100	
			x 50	
			x 20	
			x 10	
			x 5	
Amount (in words)			<b>TOTAL Rs.</b>	
Transaction ID (Bank Journal Number)				
Branch Stamp With Signature			Deposited By	

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CASH OR TRANSFER ONLY	Branch : HAJ COMMITTEE OF INDIA	Code : HAJ - 2025 (Hijri - 1446)	<b>HCoI COPY</b>	
<b>SBI NAVIGATION -&gt; CBS -&gt; APPS -&gt; EASYCOLLECT -&gt; PAYMENT COLLECTION -&gt; SELECT CATEGORY -&gt; HAJ COLLECTION</b>				
EASY COLLECT COLLECTION DETAILS		BANK REFERENCE NUMBER		
AMOUNT OF : ADVANCE HAJ AMOUNT/BALANCE HAJ AMOUNT		DATE OF DEPOSIT :		
HAJ COVER NUMBER		MOBILE NUMBER		
NAME OF COVER HEAD				
PARTICULARS OF THE PAYMENT				
SR NO	NAME OF PILGRIMS	ADDRESS OF COVER HEAD	CASH NOTES	AMOUNT IN RUPEES
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CASH OR TRANSFER ONLY	Branch : HAJ COMMITTEE OF INDIA	Code : HAJ - 2025 (Hijri - 1446)	<b>PILGRIM COPY</b>	
<b>SBI NAVIGATION -&gt; CBS -&gt; APPS -&gt; EASYCOLLECT -&gt; PAYMENT COLLECTION -&gt; SELECT CATEGORY -&gt; HAJ COLLECTION</b>				
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			x 50	
			x 20	
			x 10	
			x 5	
Amount (in words)			<b>TOTAL Rs.</b>	
Transaction ID (Bank Journal Number)				
Branch Stamp With Signature			Deposited By	

**Note :- Photo Copy of pay-in-slip may also be used for deposit of amount.**  
**If any difficulty, please contact SBI, Mumbai Main Branch. (Mobile No. 9167925340 | 9730777414 | 9445860122)**

**MEDICAL SCREENING & FITNESS CERTIFICATE- 1446(H)- 2025(C.E)**  
**(Must obtain the following certificate from a Government Medical Officer (Allopathic)**  
**authorized by the State/UT Government/Central Govt./Defence Authorities /PSU/**  
**Autonomous Bodies)**

**Photograph**  
Paste your recent  
passport size  
colored photo  
having a white  
background  
(Size: 3.5 cm x 3.5  
cm)

**Personal Particulars:**

Name

Date of Birth:

Gender: Male/Female

ID No. (Passport/voter Id/Aadhar etc.)

Complete address:

Contact No.:

Blood Group:

Self-declaration To be filled by the Haj applicant	Please circle/ कृपया गोला लगाये
1. Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause? क्या आप मिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौर से पीड़ित हैं?	Yes/No हां/ ना
2. Are you suffering from defect in vision? क्या आप दृष्टि दोष से पीड़ित हैं	Yes/No हां/ ना
3. Have you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई है? a) Tuberculosis(TB)/(टीबी) b) COPD (Asthma/Bronchitis/Emphysema etc.) अस्थमा/ब्रोंकाइटिस/वातस्फीति c) Hypertension (BP)/ रक्तचाप d) Diabetes Mellitus/ मधुमेह e) Heart related illness/ हृदय संबंधी बीमारी f) Kidney disease/ गुर्दे की बीमारी g) Liver disease/ यकृत रोग h) Cancer/ कैंसर i) Bleeding Disorder/ रक्तस्राव विकार j) Any Other (Specify)/ कोई और ( उल्लिखित करे)	a) Yes/No (हां/ ना) b) Yes/No (हां/ ना) c) Yes/No (हां/ ना) d) Yes/No (हां/ ना) e) Yes/No (हां/ ना) f) Yes/No (हां/ ना) g) Yes/No (हां/ ना) h) Yes/No (हां/ ना) i) Yes/No (हां/ ना) j) Yes/No (हां/ ना)
4. Pregnant/ गर्भवती Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)	Yes/No (हां/ ना)
5. History of Allergy/ एलर्जी (if any) Details if answer is yes	Yes/No (हां/ ना)

**Self-Declaration for Medical Certificate by Haj Applicant/ हज आवेदक द्वारा चिकित्सा प्रमाणपत्र के लिए स्व-घोषणा:**

I..... S/D/W of.....hereby declare that the above mentioned information is true to the best of my knowledge and my application may be cancelled if it is found incorrect/false at a later date / मैं..... S/D/W of.....घोषणा करता हूँ कि उपरोक्त उल्लिखित जानकारी सर्वोत्तम रूप से सत्य है और मेरी जानकारी यदि बाद में गलत/ झूठी पायी गयी तो मेरा आवेदन रद्द किया जा सकता है।

**Signature/Thumb Impression of the Haj Applicant**

