

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

*Under Department of Haj & Auqaf, Govt. Of Jammu & Kashmir*



**Notification**

It is notified for information of all Provisionally Selected Haj Pilgrims of Haj 2018 that they shall deposit the Advance Haj Amount (first installment) to the extent of Rs.81,000/- (Rupees Eighty One Thousand Only) per pilgrim either electronically through Online to Haj Committee of India website [www.hajcommittee.gov.in](http://www.hajcommittee.gov.in) or manually into the Haj Committee of India Accounts maintained with State Bank of India Account No.32175020010 FEE TYPE-25 or Union Bank of India 318702010406009 on or before 31<sup>st</sup> January, 2018, failing which their Provisional Selection shall be deemed to have been cancelled without further notice.

In addition the original International Passport with two colour photographs and Medical Certificate as per proforma already hosted on the website of Haj Committee of India [www.hajcommittee.gov.in](http://www.hajcommittee.gov.in) or J&K State Haj Committee [www.jkshc.com](http://www.jkshc.com) in respect of each pilgrim is also to be submitted alongwith the pay-in-slip on or before 31<sup>st</sup> January, 2018 directly at the office of State Haj Committee, Bemina, Srinagar. In case of Reserve Category Pilgrims pay-in-slip alongwith Medical Screening and Fitness Certificate must be submitted by or before 31<sup>st</sup> January, 2018 at the Haj House, Bemina, Srinagar.

However, in respect of Jammu Division and Ladakh Region, the Provisionally Selected Pilgrims can submit the Pay-in-Slips alongwith Medical Certificate at the offices of respective Deputy Commissioners on or before 31<sup>st</sup> January, 2018.

Sd/-  
(S.Qamar Sajjad)KAS  
Executive Officer

NO:Haj 2018/120/PR

Dated:22/01/2018

Copy to the: -

1. Divisional Commissioner, Kashmir / Jammu for information.
2. Secretary to Govt., Revenue Department, Civil Secretariat, Jammu.
3. All Deputy Commissioners.
4. Director Doordarshan Kendra / Radio Kashmir for information and dissemination.
5. OSD with Hon'ble Minister for Haj & Auqaf, Civil Secretariat, Jammu.
6. Joint Director, Information Kashmir with the request that the notification may be given wide publicity both through print and electronic media throughout the State.
7. Incharge Programme, Shahr-Been, Radio Kashmir.

(PAY-IN-SLIP to deposit Advance / Balance Haj Amount)

State Bank of India

CASH OR TRANSFER ONLY	Branch :	Code:	<b>BANK COPY</b>
	<b>HAJ COMMITTEE OF INDIA</b>	<b>HAJ 1439 (H) - 2018 (CE)</b>	
<b>COLLECTION - DETAILS</b>			
<b>ACCOUNT NO.32175020010 "Fee Type 25"</b>		<b>BANK REFERENCE NUMBER</b> <input type="text"/>	
<b>AMOUNT OF : Advance Haj Amount / Balance Haj Amount</b>		<b>Date of Deposit : - - 2018</b>	
<b>Haj COVER NUMBER :</b>		<b>Mobile Number</b>	
Name of Cover Head : <input type="text"/>			
<b>PARTICULARS OF THE PAYMENT</b>			
<b>SR. NO.</b>	<b>NAME OF THE PILGRIM</b>	<b>ADDRESS OF COVER HEAD</b>	<b>CASH NOTE AMOUNT IN RS.</b>
			x 2000 =
			x 500 =
			x 200 =
			x 100 =
			x 50 =
			x 20 =
			x 10 =
			x 5 =
Amount (In words) Rupees			<b>Total Rs. =</b>
<b>Transaction ID (Bank journal No.)</b> <input type="text"/>			
<b>Branch Stamp with Signature</b>		<b>Deposited by</b>	

**HAJ COMMITTEE OF INDIA**  
Bait-ul-Hujjaj (Haj House), 7-A, M.R.A. Marg (Palton Road), Mumbai - 400 001

CASH OR TRANSFER ONLY	Branch :	Code:	<b>HCoI COPY</b>
	<b>HAJ COMMITTEE OF INDIA</b>	<b>HAJ 1439 (H) - 2018 (CE)</b>	
<b>COLLECTION - DETAILS</b>			
<b>ACCOUNT NO.32175020010 "Fee Type 25"</b>		<b>BANK REFERENCE NUMBER</b> <input type="text"/>	
<b>AMOUNT OF : Advance Haj Amount / Balance Haj Amount</b>		<b>Date of Deposit : - - 2018</b>	
<b>Haj COVER NUMBER :</b>		<b>Mobile Number</b>	
Name of Cover Head : <input type="text"/>			
<b>PARTICULARS OF THE PAYMENT</b>			
<b>SR. NO.</b>	<b>NAME OF THE PILGRIM</b>	<b>ADDRESS OF COVER HEAD</b>	<b>CASH NOTE AMOUNT IN RS.</b>
			x 2000 =
			x 500 =
			x 200 =
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			x 20 =
			x 10 =
			x 5 =
Amount (In words) Rupees			<b>Total Rs. =</b>
<b>Transaction ID (Bank journal No.)</b> <input type="text"/>			
<b>Branch Stamp with Signature</b>		<b>Deposited by</b>	

CASH OR TRANSFER ONLY	Branch :	Code:	<b>PILGRIM COPY</b>
	<b>HAJ COMMITTEE OF INDIA</b>	<b>HAJ 1439 (H) - 2018 (CE)</b>	
<b>COLLECTION - DETAILS</b>			
<b>ACCOUNT NO.32175020010 "Fee Type 25"</b>		<b>BANK REFERENCE NUMBER</b> <input type="text"/>	
<b>AMOUNT OF : Advance Haj Amount / Balance Haj Amount</b>		<b>Date of Deposit : - - 2018</b>	
<b>Haj COVER NUMBER :</b>		<b>Mobile Number</b>	
Name of Cover Head : <input type="text"/>			
<b>PARTICULARS OF THE PAYMENT</b>			
<b>SR. NO.</b>	<b>NAME OF THE PILGRIM</b>	<b>ADDRESS OF COVER HEAD</b>	<b>CASH NOTE AMOUNT IN RS.</b>
			x 2000 =
			x 500 =
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			x 20 =
			x 10 =
			x 5 =
Amount (In words) Rupees			<b>Total Rs. =</b>
<b>Transaction ID (Bank journal No.)</b> <input type="text"/>			
<b>Branch Stamp with Signature</b>		<b>Deposited by</b>	

NOTE- photo copy of pay-in-slip may also be used for deposit of amount.  
If any difficulty, please contact SBI, Mumbai Main Branch. (Mob. No. 09930766530, Tel. No. 022-2262 3971)

# Medical Screening and Fitness Certificate

(To be submitted by the selected pilgrims only)

**To be obtained from a registered Medical Practitioner MBBS / Government Doctor.**

*[The certifying doctors should ensure proper screening of the pilgrims and clearly recommend whether pilgrim is fit to perform haj or not.*

*Providing false information may lead to legal action/matter being reported to Medical Counsel of India against the medical practitioner].*

1. Cover No. : .....
2. Name : .....
3. Father's/Husband's Name : .....
- A. Diabetic  
(Tick (✓) as applicable) : Yes  No
- B. Blood Pressure : High  Low  Normal
- C. Past Medical History of : Hypertension / DM (Diabetes Mellitus) /  
IHD (Ischemic Heart Disease) / Stroke (Cerebrovascular  
accident) / Chronic renal failure / psychiatry diseases :

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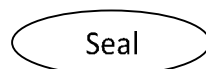
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It is certified that particulars mentioned above are correct and the applicant is fit to undertake Hajj journey.

Name of the Doctor .....

Registration No. ....



Signature / Thumb Impression of Applicant

Verified by Registered Medical Practitioner  
(with complete address, Seal & Signature)