

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



Notification

As per Circular 8 dated: 01/04/2023 received from Haj Committee of India, all the Provisionally selected pilgrim are requested to deposit Advance of Rs. 81,800/- each upto 7th April, 2023 positively. Payments can be made either:

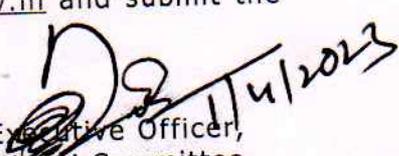
01. Online at i.e., www.hajcommittee.gov.in;; or
02. In Haj Committee of India account maintained with SBI or account maintained with UBI through any branch having core Banking System by using unique Bank Reference Number in the Specified Pay – in slip on website (Copy enclosed).

In Addition, the Pilgrims of Kashmir Division are also advised to deposit hard copy of Pay – In – Slip along original passport at Haj House, Bemina, Srinagar by or before 10/04/2023.

However, the Provisionally Selected Pilgrims of Jammu Division Shall deposit the aforesaid Documents in their respective Deputy Commissioners Offices by or before 08/04/2023 so as to reach Haj Committee by or before 10/04/2023.

Besides above all the selected pilgrims are advised to obtain the Medical Screening and Fitness Certificate as per the proforma available on Haj Committee of India Website www.hajcommittee.gov.in and submit the same alongwith passport.

No.Haj/2023/Cs/Pr/120/04
Dated: 01-04-2023


Executive Officer,
J&K Haj Committee,
Srinagar.

Copy to the: -

1. Divisional Commissioner, Kashmir / Jammu.
2. Secretary Revenue, (Haj & Auqaf), J&K Civil Secretariat.
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 Programme, Shahrbeen.
7. Incharge Website, JKHC.

CASH OR TRANSFER ONLY		Branch : HAJ COMMITTEE OF INDIA	Code : HAJ 1444 (H) - 2023 (CE)	BANK COPY
SBI NAVIGATION -> CBS -> APPS -> EASYCOLLECT -> PAYMENT COLLECTION -> SELECT CATEGORY -> HAJ COLLECTION				
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 2000	
			x 500	
			x 200	
			x 100	
			x 50	
			x 20	
			x 10	
			x 5	
Amount (in words)			TOTAL Rs.	
Transaction ID (Bank Journal Number)				
Branch Stamp With Signature			Deposited By	

CASH OR TRANSFER ONLY		Branch : HAJ COMMITTEE OF INDIA	Code : HAJ 1444 (H) - 2023 (CE)	HCoI COPY
SBI NAVIGATION -> CBS -> APPS -> EASYCOLLECT -> PAYMENT COLLECTION -> SELECT CATEGORY -> HAJ COLLECTION				
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 2000	
			x 500	
			x 200	
			x 100	
			x 50	
			x 20	
			x 10	
			x 5	
Amount (in words)			TOTAL Rs.	
Transaction ID (Bank Journal Number)				
Branch Stamp With Signature			Deposited By	

CASH OR TRANSFER ONLY		Branch : HAJ COMMITTEE OF INDIA	Code : HAJ 1444 (H) - 2023 (CE)	PILGRIM COPY
SBI NAVIGATION -> CBS -> APPS -> EASYCOLLECT -> PAYMENT COLLECTION -> SELECT CATEGORY -> HAJ COLLECTION				
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 2000	
			x 500	
			x 200	
			x 100	
			x 50	
			x 20	
			x 10	
			x 5	
Amount (in words)			TOTAL Rs.	
Transaction ID (Bank Journal Number)				
Branch Stamp With Signature			Deposited By	

MEDICAL SCREENING & FITNESS CERTIFICATE- 1444(H)- 2023(C.E)
(Must obtain the following certificate from a Government Medical Officer
(Allopathic) authorized by the State/UT)

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

Personal Particulars

Name:
Gender: Male/Female
ID No. (Passport/voter Id/Aadhar etc.)
Complete address:

Date of Birth:
Contact No.:
Blood Group:

Any medical complaints:

History of Previous Illness	
1. COPD (Asthma/Bronchitis/Emphysema etc.) Yes/No	6. Tuberculosis Yes/No
2. Diabetes Mellitus Yes/No	7. Renal Disease Yes/No
3. Hypertension (BP) Yes/No, Heart Attack Yes/No, Any other heart related illness Yes/No	8. Cancer Yes/No
4. Mental illness Yes/No, Epilepsy Yes/No	9. Bleeding Disorder Yes/No
5. Liver Disease Yes/No	10. Any Other (Specify)
Medical Examination	
General Examination	Systemic Examination
Pallor	CVS
Icterus	Per Abdomen
Pulse rate	Respiratory System
Temperature	Any Gross Neurodeficit- weakness/Paralysis- Yes/No
Respiratory Rate	Any other significant findings:
Blood Pressure	
Pregnant Yes/No	
If Pregnant LMP (Pregnant ladies above 28 weeks of pregnancy at the starting date of journey may not be permitted as per the guidelines)	

Investigation Findings:

CBC.....
Random Blood Sugar.....
X-Ray chest.....
KFT & ECG (If. Reqd).....
Any other if needed.....

Remarks:

Certification of Doctor

I have carefully examined the pilgrim & his/her prescription & certify that he/she is physically & mentally fit/not fit to travel for Haj. I have also advised pilgrims on medications to carry adequate medicines with them.

.....
Name of Doctor (in Block letters)

Sign/thumb impression of applicant

Signature & Stamp of Govt. Medical Officer
(allopathic)

Date:

Registration No. of Govt. Doctor