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, 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 $21^{\rm st}$ 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)
- 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 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

Executive Officer 1&K Haj Committee

Dated: 08/10/2024

No: Haj/2025/Cs/120/7

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.

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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**)

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?	Yes/No		
v		क्या आप मिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौरे से पीड़ित हैं?	हां/ ना		
	2.	Are you suffering from defect in vision?	Yes/No		
		क्या आप दृष्टि दोष से पीड़ित हैं	हां/ ना		
3.	Ha	ve you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई है?			
	a)	Tuberculosis(TB)/(टीबी)	a) Yes/No (हां/ ना)		
	b)	COPD (Asthma/Bronchitis/Emphysema etc.)	b) Yes/No (हां/ ना)		
		अस्थमा/ब्रोंकाइटिस/वातस्फीति	c) Yes/No (हां/ ना)		
	c)	Hypertension (BP)/ रक्तचाप	d) Yes/No (हां/ ना)		
	d)	Diabetes Mellitus/ मधुमेह	e) Yes/No (हां/ ना)		
	e)	Heart related illness/ हृदय संबंधी बीमारी	f) Yes/No (हां/ ना)		
	f)	Kidney disease/ गुर्दे की बीमारी	g) Yes/No (हां/ ना)		
	g)	Liver disease/ यकृत रोग	h) Yes/No (हां/ ना)		
	h)	Cancer/ कैंसर	i) Yes/No (हां/ ना)		
	i)	Bleeding Disorder/ रक्तस्राव विकार	j) Yes/No (हां/ ना)		
	j)	Any Other (Specify)/ कोई और (उल्लिखित करे)			
	4.	Pregnant/ गर्भवती	Yes/No (हां/ ना)		
		Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)			
	5.	History of Allergy/ एलर्जी (if any)	Yes/No (हां/ ना)		
		Details if answer is yes			

Self-Declaration for Medical Certificate by Haj Applicant/ हज आवेदक द्वारा चिकित्सा प्रमाणपत्र के लिए स्व-घोषणाः above mentioned information is true to the best of my knowledge and my application may be cancelled if it of....... घोषणा करता हूं 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।







	Medical Ex	amination (to be	filled by Doctor)				
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ı	General Examination		Systemic Examination				
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Pulse rate			Respiratory System				
Temperature	4		Any Gross Neurodeficit- weakness/Paralysis- Yes/No				
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	of journey may not be per		a .				
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Name of Docto	or (in Block letters)	Sig	nature & Stamp of Govt. Medic (allopathic)	al Officer			
		Date:					
			Registration No. of Doctor:				

Sign/thumb impression of the applicant