# How To fill online HAF for Haj - 2024 (Hijri - 1445)

- > Read the Guidelines-2024 carefully before filling Application.
- Before going to fill the application, the applicants have to scan the copies of relevant documents in JPG/jpeg format. The required documents are listed below.
  - a) Recently taken Passport Size Photo,
  - b) Passport Copy (First & Last Page),
  - c) Address Proof,
  - d) Cancelled Cheque.
  - e) Vaccine Certificate
- > To complete application follow the steps given below:

#### Step 1. Registration

- Go the official website of hajcommittee.gov.in
- Select 'HAJ 2024' and then proceed to 'Pilgrim Login'.

हज कमेटी ऑफ HAJ COMMITTEE O Communication (Source and Ministry of Minority Affairs, Government Ministry of Minority Affairs, Government	FINDIA	C 022-22107070 Haji Information Centre
ABOUT US ➤ HAJ 2024 ➤	CIRCULARS ACT & RULE/ RTI V	CONTACT US → PILGRIM FEEDBACK FORM
Haj Announcement	Haj 1445 (H) – 2024	
* * *	Haj Policy 2024	
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- The following window appears after clicking Pilgrim Login to register for a new account.
- Click on "Register".

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Forgot Password

- After selecting 'Register', the registration form screen will be displayed.
- Applicants have to fill out their mobile number or email ID and submit the **Send OTP** button.
- When you submit the **'Send OTP'** button, a system-generated OTP will be received to your mobile number.
- Enter the OTP that has been received and click the Submit 'Verify OTP' button.
- Enter First Name and Last Name.
- Choose the strong password and re confirm the password.
- Select State & District.
- Enter security code.
- Click on "Submit".

Enter Mobile (as User	ID) *	Mobile OTP*	
*****	Send OTP	321456	Verify OTP
Email	企		
Enter Email			
First Name*		Last Name*	
Enter First Name		Enter Last Name	2
Password*		Confirm Password	*
Enter Password		Enter Confirm Pa	assword
State*		District*	
Select State	$\sim$	Select District	
Security Code*			
Enter Captcha		tgeet	B

# Step 2. Login

Already Logged-In applicant log in to complete the process of filling online application form.

- Fill your Registration Mobile Number, Password and Captcha correctly in the respective fields.
- In case you wish to change captcha image then click on Refresh icon.
- After filling all the details correctly click on Login button.
- In case you forgot your password then click on Forgot Password and do the necessary proceedings.

Log in	
Email OR Mobile	
Email OR Mobile	
Password*	
Enter Password	Ø
Captcha 7 NA f 9	
🗆 Remember Me	Forgot Password?
Login	-
Don't have an account? Register	

## Step 3. Fill the Haj Application Form:

- After successful Login you will be redirected to Haj Application Parameter page.
- Select appropriate application category. Any one from drop down.
- Select Number of Persons or Infants from drop down.
- Submit "**NEXT**" button.

ategory*	No. of Persons*	No. of Infants*	-
70+ Age Category	<ul> <li>✓ Select No. of Persons</li> </ul>	Select No. of Infants	~
Select Category	Select No. of Persons	Select No. of Infants	
70+ Age Category Ladies Without Mahram (Age 45+)	1 2	0	
General	3 4	2	
	5	<b>N</b>	
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• After clicking on the 'Next' button, the applicant will be redirected to the following page. (The Next Page i.e., Applicant Details)

	Passport)			
assport Number*	Place of Issue*		Date of Issue*	
Date of Expiry*	First Name*		Middle Name	
ast Name (Surname)*	Date of Birth*	Age	Place of Birth*	
Gender*	Father's Name*		Mother's Name*	
Select Gender V				
Marital Status*	Blood Group*		Accommodation Category*	
Select Marital Status	Select Blood Group	~	Select Accommodation Category $\sim$	
anguage for Haj Guide*				
Select Language for Haj Guide 🗸 🗸				
Hypertension Cardiov	ascular Disease 🔲 Dia	betes 🔲	Cancer	
Immunosuppressive Disorder Immune Disorder		g Disease /		
Immunosuppressive Disorder Immune Disorder	/ Auto Chronic Lur Asthma	g Disease /		
<ul> <li>Immunosuppressive Disorder</li> <li>Immune Disorder</li> <li>Renal / Kidney Disease</li> </ul>	/ Auto ☐ Chronic Lur Asthma Epilepsv ☐ Mental Is	g Disease /	lenges Not Applicable Dose 1 Date*	
<ul> <li>Immunosuppressive Disorder</li> <li>Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> </ul>	/ Auto ☐ Chronic Lur Asthma Epilepsy ☐ Mental Is Vaccine Name*	g Disease /	lenges 🗖 Not Applicable	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes No</li> </ul>	/ Auto Chronic Lur Asthma Epilepsy Mental Is Vaccine Name* Covishield	g Disease / sues / Chal Dose*	lenges Not Applicable Dose 1 Date*	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes No</li> <li>Dose 2*</li> </ul>	/ Auto Chronic Lur Asthma Epilepsv Mental Is Vaccine Name* Covishield Precaution	g Disease / sues / Chal Dose*	lenges Not Applicable Dose 1 Date*	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes No</li> <li>No</li> <li>Dose 2*</li> <li>Yes No</li> </ul>	/ Auto Chronic Lur Asthma Epilepsv Mental Is Vaccine Name* Covishield Precaution	g Disease / sues / Chal Dose*	lenges Not Applicable Dose 1 Date*	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes</li> <li>No</li> <li>Dose 2*</li> <li>Yes</li> <li>No</li> </ul> Present Residential Address : Address same as Passport	/ Auto Chronic Lur Asthma Epilepsv Mental Is Vaccine Name* Covishield Precaution	g Disease / sues / Chal Dose*	lenges Not Applicable Dose 1 Date*	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes</li> <li>No</li> <li>Dose 2*</li> <li>Yes</li> <li>No</li> </ul>	/ Auto Chronic Lur Asthma Epilepsv Mental Is Vaccine Name* Covishield Precaution Yes o	g Disease / sues / Chal Dose*	lenges Not Applicable           Dose 1 Date*           Please select Dose1 Date	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes</li> <li>No</li> </ul> Dose 2* Yes No Present Residential Address : Address same as Passport Yes No Address*	/ Auto Chronic Lur Asthma Epilepsv Mental Is Vaccine Name* Covishield Precaution Yes o	g Disease / sues / Chal Dose*	lenges Not Applicable   V Dose 1 Date*   V Please select Dose1 Date     District*     Mumbai	
<ul> <li>Immunosuppressive Disorder Immune Disorder</li> <li>Renal / Kidney Disease</li> <li>Vaccine*</li> <li>Yes</li> <li>No</li> </ul> Dose 2* Yes No Present Residential Address : No Present Residential Address : No	/ Auto Chronic Lur Asthma Epilepsv Mental Is Vaccine Name* Covishield Precaution Yes o	ng Disease / sues / Chal Dose* No	lenges Not Applicable     Dose 1 Date*   Please select Dose1 Date	

• Fill all the details on this page.

Occupation*	Qualification*	Aadhar Number
Select Occupation $\lor$	Select Qualification	✓
AN Number		
Nominee Details of Applicant :		
Nominee Name*	Nominee Father's /Husband's Name*	Nominee Relationship*
		Select Nominee Relationship
Nominee Address*	Nominee State*	Nominee District*
	Select Nominee State	✓ Select Nominee District
Nominee Pincode*	Nominee Mobile Number*	
Mehram Details : (Female only)		
Aehram Name	Mehram Relationship	Mehram Passport Number
	Select Mehram Relationship	~
Park Account Datails of Cover Lload	Select Mehram Relationship	✓
Bank Account Details of Cover Head		
Bank Account Details of Cover Head	Select Mehram Relationship Bank Name*	Account No.*
Name of Account Holder*		
Name of Account Holder*		
Name of Account Holder*		
Vame of Account Holder* FSC Code* Other Details Are you a permissible Repeater Mehram?*	Bank Name*	Account No.*
Jame of Account Holder* FSC Code*	Bank Name*	Account No.*
Vame of Account Holder*  FSC Code*  Other Details  Are you a permissible Repeater Mehram?*  Yes  No  Whether willing to avail facility of Rubat?*	Bank Name*	Account No.*  Opting JHOFA Meeqat (Only for Shia Pilgrims)*  Yes  No Status of disabilities andtype of assistance
Vame of Account Holder*  FSC Code*  Other Details  Are you a permissible Repeater Mehram?* Yes O No	Bank Name* Do you want to perform ADAHI (QURBANI) through IDB* Yes O No	Account No.*  Opting JHOFA Meeqat (Only for Shia Pilgrims)*  Yes  No  Status of disabilities andtype of assistance needed*
Vame of Account Holder*  FSC Code*  Other Details  Are you a permissible Repeater Mehram?*  Yes  No  Whether willing to avail facility of Rubat?*	Bank Name*	Account No.*  Opting JHOFA Meeqat (Only for Shia Pilgrims)*  Yes  No Status of disabilities andtype of assistance
Aame of Account Holder*  FSC Code*  Other Details  Are you a permissible Repeater Mehram?* Yes  No  Whether willing to avail facility of Rubat?* Yes  No	Bank Name*	Account No.*  Opting JHOFA Meeqat (Only for Shia Pilgrims)*  Yes  No  Status of disabilities andtype of assistance needed*
Aame of Account Holder*  FSC Code*  Other Details  Are you a permissible Repeater Mehram?*  Yes  No  Whether willing to avail facility of Rubat?*  Yes  No  Whether willing to avail Metro facilities in KSA for local travel?*	Bank Name*	Account No.*  Opting JHOFA Meeqat (Only for Shia Pilgrims)*  Yes  No  Status of disabilities andtype of assistance needed*
Aame of Account Holder*  FSC Code*  Other Details  Are you a permissible Repeater Mehram?* Yes  No  Whether willing to avail facility of Rubat?* Yes  No  Whether willing to avail Metro facilities in KSA	Bank Name*	Account No.*  Opting JHOFA Meeqat (Only for Shia Pilgrims)*  Yes  No Status of disabilities andtype of assistance needed*

• After you have filled up all the required fields of the Application form, click on the 'Next button' given at the bottom of the page (as shown above).

**Note:** Suppose the first page (Cover Head) is saved successfully and then system directs to the 'Co-Pilgrim' page. The applicant above steps is to be repeated for each co-pilgrim. (If you select persons more than one)

If details are not saved successfully, then system would show the relevant error message and applicant cannot move to other parts of the form. The applicant may require to correctly fill the fields according to the error message.

#### Step 4. Upload Photo & Document:

- After successful submission of all applicant details, applicant will be redirected to Upload Documents page.
- Now select the pilgrims name from drop down.
- Click on "Browse" for Upload photo & Document.
- Above steps are to be repeated for each co-pilgrim.
- A message will be displayed on the screen indicating that your details has been saved.

Cover Head			
Co-Pilgrim 1     Upload Documents	Upload Documents		
	Pilgrim* Select Pilgrim	Photograph (Passport Size)* BrowseNo file selected. Allowed jp: peg,png formats. Optimal Size : 2MB	Passport First Page* Browse No file selected. Allover jpg,jpeg,png formats. Optimal Size : 2MB
	Passport Last Page Browse No file selected. Allowed jpg,jpeg,png formats. Optimal Size : 2MB	Address Proof Browse No file selected. Allover jpg.jpeg.png formats. Optimal Size : 2MB	Copy of Cancelled Cheque / Bank Passbook* Browse No file selected. Allowed jpg,jpeg,png formats. Optimal Size : 2MB

### Step 5: Final Submit & print HAF

- After uploading the photographs and documents of all the applicants, the applicant has to click on the **final submit** button at the bottom of the page (as shown above).
- A group ID generated by a unique system will be displayed on the dashboard after clicking on 'Final Submit, indicating that the online submission has been successfully completed.
- Click on View All Application Tab. Go through all the information furnished by you.
- Please download your filled in online application by clicking on "PDF Download HAF-2024" button.

Dashboard			View all Applications
Application category : Coverhead Name : Embarkation Preferance 1 : Embarkation Preferance 2 : Accommodation : Status :		GROUP ID : 23120520 No of Persons : No of Infants : 0	02712998
Download HAF 2024	Re-Upload Documents	Edit Group Details	<b>X</b> Delete Whole Group

**NOTE:** If you have found major mistake in HAF. Then you can use Delete Whole Group Button, otherwise do not use Delete Button.