



(HAJJ GROUP ORGANIZERS' SCHEME)
APPLICATION FORM FOR HAJJ 2018 (1439 AH)

HAJJ APPLICATION NO. _____

NAME OF APPLICANT AS PER PASSPORT _____

AFFIDAVIT

I HEREBY SOLEMNLY DECLARE THAT:-

- (I) I AM MUSLIM AND BELIEVE IN THE ABSOLUTE AND UNQUALIFIED FINALITY OF THE PROPHETHOOD OF MUHAMMAD ﷺ AS THE LAST OF THE PROPHET.
- (II) I DO NOT RECOGNIZE ANY PERSON WHO CLAIMS TO BE PROPHET IN ANY SENSE OF THE WORD OR OF ANY DESCRIPTION WHATSOEVER AFTER MUHAMMAD ﷺ OR RECOGNIZE SUCH A CLAIMANT AS PROPHET OR A RELIGIOUS REFORMER AS A MUSLIM.
- (III) I CONSIDER MIRZA GHULAM AHMED QUADIANI TO BE AN IMPOSTOR NABI AND ALSO CONSIDER HIS FOLLOWERS WHETHER BELONGING TO THE LAHORI OR QUADIANI GROUP TO BE NON-MUSLIM.

SIGNATURE & THUMB IMPRESSION OF THE APPLICANT

MEDICAL CERTIFICATE

(TO BE ATTESTED BY MEDICAL OFFICER OF ANY FEDERAL/PROVINCIAL GOVERNMENT/SEMI GOVERNMENT/ARMED FORCES/AUTONOMOUS BODIES/CORPORATION'S HOSPITAL)

NAME OF DOCTOR _____

NAME OF HOSPITAL _____

TEHSIL _____ DISTRICT _____ LANDLINE NO. _____ CELL NO. _____

REGISTRATION NO. OF DOCTOR WITH PAKISTAN MEDICAL AND DENTAL COUNCIL

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IT IS CERTIFIED THAT I HAVE EXAMINED MR. / MS. _____

S/O, W/O, D/O _____ AND MY OPINION IS GIVEN BELOW:

AGE	BLOOD GROUP	ALLERGY OF FOLLOWING MEDICINES	CHRONIC DISEASES REQUIRING REGULAR MEDICATION
		(I) _____	(I) _____
		(II) _____	(II) _____
		(III) _____	(III) _____

APPLICANT IS FIT FOR HAJJ JOURNEY	SEAL & SIGNATURE OF THE DOCTOR	CAN PERFORM HAJJ WITH A HELPER	REQUIRES THE HELP OF WHEEL CHAIR	SEAL & SIGNATURE OF THE DOCTOR
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INSTRUCTIONS:-

- DOCTORS ARE REQUESTED TO BE CAREFUL WHILE FILLING THE ABOVE MEDICAL CERTIFICATE. VERY OLD / WEAK PERSONS , DISABLE (WITHOUT HELPER), APPLICANT SUFFERING FROM ANY CONTAGIOUS DISEASE AND PREGNANT LADIES (WHO ARE EXPECTED TO GIVE BIRTH TO THEIR CHILDREN NEAR OR DURING THE DAYS OF HAJJ) MAY NOT BE DECLARED FIT FOR HAJJ.
- A MEDICAL CHECKUP MAY ALSO BE HELD AT HAJI CAMP AND APPLICANT HAVING ABOVE SYMPTOMS WILL NOT BE ALLOWED TO TRAVEL AND THE RENT OF BUILDING AT MAKKAH AND MADINA MAY ALSO BE DEDUCTED.
- ANY CASE OF MEDICAL REPATRIATION ARISING OUT OF A MIS-DECLARATION OF MEDICAL FITNESS WOULD HAVE TO BE FUNDED BY THE APPLICANT.

NOTE: IN CASE OF MISDECLARATION OR CONCEALMENT OF ANY MEDICAL CONDITION, THE MINISTRY RESERVES THE RIGHT TO INITIATE PROCEEDING AGAINST THE APPLICANT/CERTIFYING DOCTOR. SUCH CONCEALMENT MAY CULMINATE IN HIS DEPORTATION ON HIS EXPENSE AND NO FINANCIAL ASSISTANCE WHATSOEVER, SHALL BE EXTENDED BY PAKISTAN HAJJ MISSION.