



**The Presidency**  
**NATIONAL HAJJ COMMISSION OF NIGERIA (NAHCON)**  
**2016 PILGRIMS' REGISTRATION FORM**

**1) PILGRIM'S DETAILS:** *(fill or tick as appropriate)*

- a) Name:.....
- b) Date of Birth:..... c) Place of Birth:.....
- d) Gender: M ( ) F ( )
- e) Local Government:.....f) State:.....
- g) Occupation:.....
- h) Contact number(s):.....
- i) Home Address: .....
- .....
- j) Office Address:.....
- .....
- k) e-mail address:.....
- l) Marital Status: M = married ( ) S = single ( ) W = widow ( ) D = divorcee ( )
- m) Passport type: Ordinary ( ) Official ( ) Diplomatic ( )
- n) Passport number:..... m) Place of issue:.....
- o) Issued date..... p) Expiry date.....
- q) Pilgrims' Bank Account Name:.....
- r) Account Number:..... s) Name of Bank:.....



**4) PILGRIM'S GUARANTOR:**

- a) Name:..... b) Relationship.....
- c) Occupation:..... d) Rank: .....
- e) Official Address.....  
.....
- f) Home Address:.....  
.....
- g) Telephone number(s).....
- h) e-mail:.....

**5). GUARDIAN FOR FEMALE (MAHRAM) OR AGED PILGRIM** *(fill or tick as appropriate)*

- a) Name:..... b) Contact number.....
- c) Passport No:.....
- d) Hajj Registration Centre Number.....
- e) Registration No:..... f) Contact number.....

**6. PREVIOUS HAJJ EXPERIENCE:**

- a) Have you performed Hajj previously? Yes ( ) No ( )
- b) In which year(s) did you perform the Hajj? .....
- c) Local Government(s)/Centre(s) used:.....
- d) Name of State(s): .....
- e) Passport No(s) used .....
- f) Reason for Repeat.....

**7. UNDERTAKING BY THE PILGRIM:**

I,.....of .....  
..... do solemnly swear and affirm that information given above are to the best of my knowledge true and correct in both form and content. I shall be held liable and responsible for any false declaration on the above information.

**8) PILGRIM’S MEDICAL RECORD:**

*to be filled by qualified Medical Doctor of a Government or designated Hospital*

a) Full Name of Pilgrim: .....

b) Height ..... (meters) c) Weight..... (kgs) d) Pulse ..... /min

e) Blood Pressure.....mm/Hg f) Blood group .....g) Fasting blood sugar:.....

h) Disability(s): .....

i) Allergy:.....

j) Pregnancy test: ( )

k) Diagnosis .....

l) Treatment/Medication .....

.....

**9) Attestation by Medical Doctor:**

I,.....of .....  
..... do attest and affirm that information given above about ..... (Name of pilgrim) are to the best of my knowledge true and correct in both form and content. I shall be held liable and responsible for any false declaration on the above information.

**FOR OFFICIAL USE ONLY:**

**Pilgrim's Registration**

- i. State:.....
- ii. Registration Centre.....
- iii. Pilgrim's Registration No.....
- iv. Payment Receipt No(s):.....

**Review of Form**

- v. Form appropriately filled: Yes ( ) No ( )
- vi. Details needed:.....

**Screening**

- vii. a) Fully screened ( ) b) Not screened ( ) c) Deferred ( )
- viii. Outcome of Screening: a) Qualified ( ) b) (Disqualified)
- ix. Reason for Disqualification (*where applicable*).....  
.....

**Guarantor**

- i. a) Known reputable guarantor: ( ) b) Guarantor not known: ( )
- ii. c) Guarantor's Letter /Indemnity: (attach evidence)

**Mahram/Guardian**

- i. a) Known and identified guardian: ( ) b) Group guardian: ( )
- ii. c) A consent or permission of guardian obtained: (attach evidence)

**Enlightenment**

- iii. a) Properly enlightened ( ) b) Partially enlightened ( ) c) Not enlightened ( )

**Signature**

- iv. Received and reviewed by:
- v. Name:.....
  
- Designation:..... Signature/Stamp:.....Date:.....