TOOBA TRAVELS

طوبیٰ ٹریولز اینڈ ٹورز

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Hajj 2025 Initial Information Form

TO BE FILLED IN CAPITAL LETTERS

APPLICANT CNIC: _____

SURNAME(AS PER PASSPORT): _____

GIVEN NAME(AS PER PASSPORT): _____

DOB: _____

PASSPORT NO: _____ **PP EXPIRY:** _____

NAME (FATHER'S NAME/HUSBAND NAME-AS PER PASSPORT): _____

ADDRESS (ONLY PAISTANI): _____

WHATSAPP NO: _____

MOBILE PK: _____ **EMAIL:** _____

GENDER: **MALE / FEMALE**

MARRIAGE STATUS: **MARRIED / SINGLE**

SECT: **SHIA / SUNNI**

PERFORMED HAJJ IN LAST 5 YEARS?: **YES / NO**

WANT TO PERFORM HAJJ-E-BADAL: **YES / NO**

VACCINATED: **YES / NO**

RELATION WITH MEHRAM: _____

APPLICANT BLOOD GROUP: _____

PACKAGE SELECTED: _____

NOMINEE DETAILS (BACKUP CONTACT):

NAME: _____

CNIC: _____

MOBILE: _____

RELATION WITH APPLICANT: _____

ADDRESS: _____

APPLICANT'S SIGNATURE: