



MAHARASHTRA STATE HAJ COMMITTEE

CONSTITUTED UNDER THE HAJ COMMITTEE ACT-2002 (35th of 2002)

OFFICE : Room No. 6 & 7, Ground Floor, Sabu Siddick Musafirkhana, L. T. Marg, Mumbai 400 001.

Tel. : 022-2262 6786 / 2262 0708, Fax : 022-2267 8679 Email : maharashtrashc@gmail.com

Application Form For Trainer

Photograph

Name of the Trainer			
Date of Birth	(DD/MM/YY)	Age	Years
Permanent Address			
District			
Telephone No.		Mobile No.	
Profession		Qualification	
Email ID			
Bank A/c No.		Account No.	
Branch With Code		IFS Code	
Have You Performed Haj		YES	NO
If Yes, In Which Year (attach proof)			
Whether attended Training Programme Earlier		YES	NO
If Yes, In Which Year			

Languages Known	Read	Write	Speak
1. Urdu			
2. Marathi			
3. English			
4. Hindi			

Past Experience

No. of Training Camp (s) organized	Year(s) in which the Training Camp held	Year-wise number of pilgrims trained	Place(s) of Training

Preferred Districts for conducting Training	1	2
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Place : _____

Date : _____

(Signature of the Trainer)