

**CHECK LIST FOR HARD COPY OF DOCUMENTS REQUIRED TO BE SUBMITTED
TO NTS FOR MORA & IH PROJECT-2024**

Sr No.	Description	Moavineen (BPS 07-16)	Moavineen (BPS 17-18)	Doctors	Pharmacists	Paramedics
1	Nomination Proforma	✓	✓	✓	✓	✓
2	Medical Fitness Certificate	✓	✓	✓	✓	✓
3	Service No Objection Certificate (NOC)	✓	✓	✓	✓	✓
4	Acceptance Form	✓	✓	✓	✓	✓
5	Surety Bond on stamp paper	✓	✓	✓	✓	✓
6	Recent Salary/pay Slip issued by AGPR	✓	✓	✓	✓	✓
7	Bio Data Form	✓	✓	✓	✓	✓
8	CNIC	✓	✓	✓	✓	✓
9	1x passport size color photograph (Blue background)	✓	✓	✓	✓	✓
10	Copy of office card	✓	✓	✓	✓	✓

Note:

1. All Applicants are required to send photocopies of above mentioned documents as applicable duly attested from his/her relevant respective departmental gazetted officer alongwith NTS online application to NTS Headquarters (M/o RA & IH Project), Plot # 96, Street # 04, Sector H-8/1, Islamabad. Specimen Performa attached.
2. Candidates will retain original documents. Shortlisted candidates will submit requisite documents in original as and when asked by M/o RA & IH.
3. Non-Muslims and disable candidates are ineligible to Apply.

NOMINATION PROFORMA FOR MOAVINEEN-E-HUJJAJ FOR HAJJ-2024

Paste a visible copy of front side of CNIC (Attested)	Paste a visible copy of back side of CNIC (Attested)	
1.	Name of the Nominee:	
2.	Father's / Husband's Name:	
3.	Mother's Name:	
4.	Name & address of Department:	
5.	Designation with BPS:	
6.	Date of joining Govt. service:	
7.	Date of Birth (according to CNIC):	
8.	Passport No. (must be valid up-to 16 th December, 2024): _____ Date of Issue: _____ Date of expiry: _____	
9.	Domicile:	District: _____ Province: _____
10.	No. of Hajj duties performed previously (Year-wise if any)	
11.	Residential Address:	
12.	Personal / Residential contract No.	
13.	Office contract No.	

5. **Undertaking:** I hereby solemnly affirm and undertake that I will abide by the Policy and instructions of the Ministry of Religious Affairs & Interfaith Harmony pertaining to Hajj Operation-2024. I also undertake that I will not directly, indirectly, physically or telephonically contract the authorities of the M/o RA&IH for any undue favor. I further undertake that, if I am involved in any political, ethnic, and sectarian activity than my selection will be liable to be cancelled as well as disciplinary action under prevailing rules and regulations to be taken by my parent department. Clearance / inquiry, if any required will be made through my respective Division / Department. I also declare that none of my spouse / family member is performing Hajj duty during Hajj - 2024. The given information is correct to be best of my knowledge / belief and nothing has been concealed to avail any undue benefits. The M/o RA&IH may reject my nomination altogether if the information is found deficient / incorrect / fabricated.
6. **Verification and Guarantee by the Department:** The nominee shall abide by the policy / rules of the M/o RA&IH / Directorate General of Hajj, Jeddah and in case of disobedience of any type; the nominating authority will take disciplinary / punitive action under the rules against him. The information given by the nominee is verified. Any wrong information provided can lead to disciplinary proceedings and even cancelation of nomination.

Name of officer:	
Official Stamp:	
Contract No.	

MEDICAL FITNESS CERTIFICATE

(must be verified from authorized Medical Attendant (Federal / Provincial))

No. _____

Date: _____

It is certified that I have personally examined Mr./Ms/Mrs. _____ and declare that he / she is physically and mentally fit for performance of duty at Kingdom of Saudi Arabia as member of **Moavineen - e - Hujjaj** for Hajj - 2024.

SERVICE AND NO OBJECTION CERTIFICATE

(must be verified by the administration of the department)

Personal File No. _____

Date: _____

It is certified that Mr./Ms/Mrs. _____ is working as _____ in BPS _____ in this department since _____. This department has no objection on his / her selection as member of **Moavineen-e-Hujjaj** for Hajj-2024 and his proceeding to Kingdom of Saudi Arabia for performance of duty under the supervision of Ministry of Religious Affairs & Interfaith Harmony. Furthermore, the officer / official is a regular employee and not on adhoc, **deputation** or on daily wages. No disciplinary or criminal proceedings are underway against his / her.

SERVICE AND NO OBJECTION CERTIFICATE

(must be verified by the administration of the department)

Personal File No. _____

Date: _____

It is certified that Mr./Ms/Mrs. _____ is working as _____ in BPS _____ in this department since _____. This department has no objection on his / her selection as member of Hajj **Medical Mission** for Hajj-2024 and his proceeding to Kingdom of Saudi Arabia for performance of duty under the supervision of Ministry of Religious Affairs & Interfaith Harmony. Furthermore, the officer / official is a regular employee and not on adhoc or on daily wages. No disciplinary or criminal proceedings are underway against his / her.

MEDICAL FITNESS CERTIFICATE

(must be verified from authorized Medical Attendant (Federal / Provincial))

No. _____

Date: _____

It is certified that I have personally examined Mr./Ms/Mrs. _____ and declare that he / she is physically and mentally fit for performance of duty at Kingdom of Saudi Arabia as member of Hajj **Medical Mission** for Hajj-2024.

Name of Medical Officer:	
Official stamp & signature:	
Contract No.	

SELECTION OF MOAVINEEN-E-HUJJAJ FOR HAJJ-2024
ACCEPTANCE FORM

Name:	
Father's Name:	
Mother's Name:	
Date of Birth:	
Name of Department:	
Designation with BPS:	
CNIC No.	
Domicile:	District: () Province: ()
Passport No.	
Date of expiry of Passport:	
Residential / Postal Address:	
Contract:	In Pakistan: In KSA (if any):

I have carefully read and understood all the terms & conditions contained overleaf of Ministry of Religious Affairs & Interfaith Harmony and accept to become a part of Moavineen-e-Hujjaj-2024. I shall abide by all the instructions issued time to time by the Ministry of Religious Affairs & Interfaith Harmony as well as Directorate General of Hajj, Jeddah throughout my duty at Kingdom of Saudi Arabia.

Signature: _____

Candidates Bio Data Form

Assessment Sheet for Muavineen

Assessment Sheet for Muavineen																								
City		Date																						
<i>This part is to be filled out by the applicant</i>																								
Full Name		Applicant's CNIC	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Father's Name		Applicant Date of Birth																						
Applicant Phone Number		Applicant E-mail																						
Current Department / Organization of Employment																								
Current Designation																								
Nature of Employment (Permanent, Ad-Hoc or Contract)																								
Grade/BPS		Start date of employment																						
Approximate Height	_____ Feet	_____ Inches	Approximate Weight _____ Kgs																					
Do you have any pre-existing medical condition? <i>(Please circle the relevant option and mention what treatment/medications you are currently taking)</i>																								
Diabetes	Other <i>(please list your condition, along with any medication you might be on)</i>																							
Blood Pressure																								
Heart Disease	No pre-existing medical condition																							
1. Do you have a valid passport? <i>If yes, please write your passport number</i>		Yes	No																					
2. Does your passport list your status as a Government Servant?		Yes	No																					
IMPORTANT: If you don't have a valid passport, you are advised to get yours made at the earliest. If your passport does not state your status as a Government Servant, you are advised to get your status changed at the earliest																								

3. Have you ever done a Hajj or an Umrah in any capacity (privately, through public scheme)?	Yes	No
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If yes, please state the relevant trip with dates (for example: Umrah, June - July 2006)

4. Do you own an andriod mobile?	Yes	No
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If yes, please specify model of mobile and version of operating system. In case of Apple phone (iPhone), please mention the version of operating system (iOS)

5. Which of the following Andriod functions do you know?

<i>How to turn on and share your location</i>	<i>How to read a map on an andriod phone</i>	<i>How to create a hotspot from your phone</i>
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6. Have you ever downloaded an application?	Yes	No
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If yes, please mention name of applications downloaded

7. Have you downloaded or used the Pak Muavin application / KSA's latest applications for Hajj & Umrah?	Yes	No
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IMPORTANT: All Muavineen are expected to carry their own andriod phones and battery power banks. In case you don't have an andriod phone (or one that is not compatible with the official Hajj app for muavineen), you are advised to procure or arrange, on your own expense (with no later reimbursement by the Ministry of RA&IH) , a useable andriod phone and a battery power bank. No Muavin without an andriod phone and a battery pack will be recommended further.

8. Do you have the print of Hajj Muavin Booklet	Yes	No
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9. Have you read the book?	Yes	No
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If yes, interviewer is to ask selective questions pertaining to key sections of the booklet

10. According to your experience and expertise, which of the following duties are you most suited for?

Accomodation	Transport	Food	Administrative Tasks	Other (please specify)
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11. Are you aware that Muavin duty hours go up to 12 hours in a single shift?	Yes	No
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12. Are you aware that during the entire Hajj Mission, you will not be allowed any breaks, holidays, leaves, or absences of any kind?	Yes	No
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13. Are you willing to bear expense due to any unforeseen requirment in wake of COVID-19	Yes	No
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I confirm that the above mentioned information is accurate. I confirm that , if shortlisted, I will participate in the training with diligence, and I understand that upon failing to pass the training the authority reserves the right to exclude my name from the waiting list.

Signature of candidate

This part is to be filled out by the MoRA

1. Is the candidate willing to take his own android phone and battery power bank?	Yes	No	
2. Is the candidate willing to bear expense due to unforeseen requirements due to COVID-19?	Yes	No	
3. Was the candidate able to pass the android literacy exercise?	Yes	No	
4. Is the candidate willing to perform a 12 hour duty?	Yes	No	
5. Is the candidate fit in all aspects to perform the duties of a muavin?	Yes	No	
6. Does the candidate understand the roles and duties of a muavin?	Yes	No	
7. Is the candidate recommended for Muavin Duty?			
Recommended		Wait listed	
8. In case the candidate is recommended, please mention the total marks in Selection./merit number			
9. In case the candidate is on wait list, please mention the total marks in Selection /merit number			
<i>If the candidate is waitlisted, please rate him accordingly:</i>		<i>10. If the candidate is rejected, please specify reasons:</i>	
1	2	3	
<i>First Choice</i>	<i>Second Choice</i>	<i>Third Choice</i>	
<i>Member of Selection Panel - Name & Sign</i>	<i>Member of Selection Panel - Name & Sign</i>	<i>Member of Selection Panel - Name & Sign</i>	<i>Date</i>

SURETY BOND

The BOND dated the _____ day of _____ executed by
Mr. / Ms _____ S/O / D/O _____ residing at
_____ herein after called the Nominee and the Head
of the department of the _____ herein in called the _____
do hereby give Surety that the Nominee i.e. Mr. / Ms _____
shall perform duty to the entire satisfaction keeping within the SOPs / Saudi Taalimaat / Rules
& Regulation of Kingdom of Saudi Arabia (KSA) in the wake-of Covid-19, etc. And whereas the
institution and the nominee has accepted that in case of any violation to the SOPs / Saudi
Taalimaat / Rules & Regulation of KSA and subsequent fine of whatever limit shall be borne by
the perpetrator i.e. Mr. / Ms _____ from his / her own budget.
And whereas it is also do hereby assured that neither He / She (the nominee) nor the
institution (_____) shall claim any liability on the part of M/o RA & IHJ for
payment of the amount of fine.

(Not below Grade-17)

EMPLOYEE	SURETY - I
Name:	Name:
Signature:	Signature:
Address:	Address:
CNIC:	CNIC:

SURETY - II
Name:
Signature:
Address:
CNIC: