**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.

1. Candidates will retain original documents. Shortlisted candidates will submit requisite documents in original as and when asked by M/o RA & IH.
2. 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. | Domicile: | District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. | No. of Hajj duties performed previously (Year-wise if any) |  |
| 10. | Residential Address: |  |
| 11. | Personal / Residential contract No. |  |
| 12. | Office contract No. |  |

1. **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.
2. **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-2019.

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

**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.

|  |  |
| --- | --- |
| Name of officer: |  |
| Official stamp & signature: |  |
| 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.

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

**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: ( ) |
| 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_







