

## CHECK LIST FOR PHOTOCOPIES OF DOCUMENTS REQUIRED TO BE SUBMITTED TO NTS FOR MOAVINEEN/NAZIM- Hajj-2025

Sr. No.	Description	Moavineen/Nazim (BPS 07-16)	Moavineen/Nazim (BPS 17-18)	Remarks
1	Nomination Proforma and undertaking	✓	✓	
2	Medical Fitness Certificate	✓	✓	From Concerned DHQ
3	Service No Objection Certificate (NOC)	✓	✓	Original NOC will be required at the time of Final Selection
4	Surety Bond on stamp paper	✓	✓	
5	Recent Salary/pay Slip issued by AGPR, provincial AG offices and Field Accounts Offices under the Controller General of Accounts (CGA).	✓	✓	Regular Government employee in BS-07 to 18 drawing salary from AGPR, provincial AG offices and Field Accounts Offices under the Controller General of Accounts (CGA) including attached departments given in Schedule-III of Rules of Business, 1973 and employees of Provincial/AJK & GB mentioned in their respective Rules of Business are eligible to apply.
6	Candidates Bio Data Form	✓	✓	
7	CNIC (To be Pasted on nomination Proforma)	✓	✓	
8	1x passport size color photograph (Blue background) To be Pasted on Bio-Data Form	✓	✓	
9	Copy of Office Card	✓	✓	

**Note:**

1. All Applicants are required to send attested **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 Nazim/Moavin Project 2025) Plot # 96, Street # 04, Sector H-8/1, Islamabad within 15x days of publishing of Advertisement. Specimen proformas/ forms are 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.
4. Candidates are advised to download & fill latest proformas/ forms for Hajj-2025 and old forms will not be accepted.

## NOMINATION PROFORMA FOR MOAVINEEN-E-HUJJAJ FOR HAJJ-2025

Paste a visible copy of front side of CNIC  (Attested)		Paste a visible copy of back side of CNIC  (Attested)	
1.	Name of the Applicant:		
2.	Father's / Husband's Name:		
3.	Mother's Name:		
4.	Name & address of Department:		
5.	Designation:	6. BPS / Grade:	
7.	Type of Govt. Employee:	<input type="checkbox"/> Regular <input type="checkbox"/> Contract <input type="checkbox"/> Ad-hoc <input type="checkbox"/> Contingent Staff <input type="checkbox"/> Others	
8.	Date of Birth (according to CNIC):	9. Date of joining regular Government service:	
10.	Domicile:	District: _____ Province: _____	
11.	No. of Hajj duties performed in KSA in the past	12. Mention year(s) when hajj duties performed in past	
13.	Residential Address:	.....	
14.	Personal / Residential contact No.	15. Office contact No.	
16.	Family Contact No.	17. Email Address:	

**18. Undertaking by applicant:** I hereby solemnly affirm and undertake that I will abide by the Policy and instructions of the Ministry of Religious Affairs & Interfaith Harmony (M/o RA & IH) pertaining to Hajj Operation-2025. I also undertake that I will not directly, indirectly, physically or telephonically contact 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 - 2025. 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.

I have carefully read and understood all the terms & conditions contained overleaf of M/o RA & IH and accept to become a part of Moavineen-e-Hujjaj-2025. I shall abide by all the instructions issued time to time by the M/o RA & IH as well as Directorate General of Hajj, Jeddah throughout my duty at Kingdom of Saudi Arabia.

Applicant Signature \_\_\_\_\_ Applicant Thumb Impression: \_\_\_\_\_

**19. Verification and Guarantee by the Department:** The nominee/applicant 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/applicant is verified. Any wrong information provided can lead to disciplinary proceedings and even cancelation of nomination.

Name of Officer: \_\_\_\_\_ Designation: \_\_\_\_\_

Office Contact No. \_\_\_\_\_ Official Stamp: \_\_\_\_\_

**MEDICAL FITNESS CERTIFICATE - 2025**

**(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, does not have heart, hypertension, diabetes, chronic diseases or any other kind of medial or mental disability / disease for performance of duty at Kingdom of Saudi Arabia as member of **Moavineen - e – Hujjaj/Nazim** for Hajj-2025.

Name of Medical Officer: \_\_\_\_\_ Contact No: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

**SERVICE AND NO OBJECTION CERTIFICATE - 2025**

**(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/Nazim** for Hajj-2025 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, contingency or on daily wages. No disciplinary or criminal proceedings are underway against him / her.

Name of Officer: \_\_\_\_\_ Designation: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Official Stamp: \_\_\_\_\_

**SURETY BOND-2025**

I \_\_\_\_\_ S/O, D/O \_\_\_\_\_, of \_\_\_\_\_ (department) do hereby give surety that I shall perform duty to the entire satisfaction keeping within the SOPs / Saudi Taalimaat / Rules & Regulation of Kingdom of Saudi Arabia (KSA) and will followed instructions issued by M/o RA & IH time to time. In case of any violation to the said SOPs / Saudi Taalimaat / Rules & Regulation of KSA and subsequent fine of whatever limit shall be borne by me. And whereas it is also do hereby assured that I shall not claim any liability on the part of Ministry of Religious Affairs & Interfaith Harmony for payment of the amount of fine.

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

CNIC: \_\_\_\_\_

(Not below Grade - 17)

<b>SURETY-I</b>	<b>SURETY-II</b>
Name:	Name:
Signature:	Signature:
Address:	Address:
CNIC:	CNIC:

# Candidates Bio Data Form-2025

Picture  
(Passport Size)

Full Name:			CNIC :	
Father's Name:			Date of Birth:	
Phone Number:			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				
3. Have you ever done a Hajj or an Umrah in any capacity (privately, through public scheme)?			Yes	No
<i>If yes, please state the relevant trip with dates (for example: Umrah, June - July 2024)</i>				
4. Do you own an android mobile?			Yes	No
<i>If yes, please specify model of mobile and version of operating system. In case of Apple phone (I Phone), please mention the version of operating system (IOS)</i>				

5. Which of the following Android functions do you know?					
<i>How to turn on and share your location</i>		<i>How to read a map on an android phone</i>		<i>How to create a hotspot from your phone</i>	
6. Have you ever downloaded an application?		Yes		No	
<i>If yes, please mention name of applications downloaded</i>					
7. Have you downloaded or used the Pak Moavin application?		Yes		No	
<b><i>IMPORTANT: All Moavineen are expected to carry their own android phones and battery power banks. In case you don't have an android phone (or one that is not compatible with the official Hajj app for moavineen), you are advised to procure or arrange, on your own expense (with no later reimbursement by the Ministry of RA&amp;IH) , a useable android phone and a battery power bank. No Moavin without an android phone and a battery pack will be recommended further.</i></b>					
8. Do you have the print of Hajj Moavin Booklet?		Yes		No	
9. Have you read the book?		Yes		No	
<i>If yes, interviewer is to ask selective questions pertaining to key sections of the booklet</i>					
10. According to your experience and expertise, which of the following duties are you most suited for?					
Accommodation	Transport	Food	Administrative Tasks	Other (please specify)	
11. Are you aware that Muavin duty hours go up to 12 hours in a single shift?				Yes	No
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
13. Are you willing to bear expense due to any unforeseen requirement in wake of COVID-19				Yes	No
<i>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.</i>					
<i>Signature of candidate</i>					