**CHECK LIST FOR PHOTOCOPIES OF DOCUMENTS REQUIRED TO BE SUBMITTED TO NTS FOR HAJJ MEDICAL MISSION FOR Hajj-2025**

To be read in conjunction with HMM advertisemnet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Description** | **Medical Mission (BPS 01-16)** | **Medical Mission**  **(BPS 17-18)** | **Remarks** |
| 1 | Nomination Proforma and undertaking |  |  |  |
| 2 | Medical Fitness Certificate |  |  |  |
| 3 | Service No Objection Certificate (NOC) |  |  | 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). |  |  | He / she should be a regular Government employee up to BPS - 18 drawing salary from AGPR, Provincial AG Offices and Field Accounts Offices under the Controller General of Accounts (CGA) including medical related attached departments given in Schedule-III of Rules of Business, 1973 and medical employees of Provincial, AJK & GB mentioned in their respective Rules of Business. |
| 6 | CNIC to be pasted on nomination proforma |  |  |  |
| 7 | 1x passport size color photograph (Blue background) to be pasted on nomination proforma |  |  |  |
| 8 | Copy of office card |  |  |  |
| 9 | Domicile |  |  |  |
| 10 | Attested photocopies of Medical Degrees |  |  |  |

**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 HMM 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.
4. Candidates are advised to download & fill latest proformas/ forms for Hajj-2025 and old forms will not be accepted.

**NOMINATION PROFORMA FOR MEDICAL MISSION 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: | Regular Contract Ad-hoc Contingent Staff 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: |  | |

1. **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 Medical Mission-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: |  |

1. **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 / her. 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**

**(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 **Medical Mission** for **Hajj-2025**.

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

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

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

**SELECTION OF MOAVINEEN-E-HUJJAJ FOR HAJJ-2025**

**ACCEPTANCE FORM**

**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 **Medical Mission** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**SURETY BOND**

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 follow 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)

|  |  |
| --- | --- |
| **SURETY-I** | **SURETY-II** |
| Name: | Name: |
| Signature: | Signature: |
| Address: | Address: |
| CNIC: | CNIC: |