

NOMINATION PROFORMA FOR SELECTION OF MEMBER MOAVINEEN-E-HUJJAJ 2020 SPONSORED BY THEIR RESPECTIVE DEPARTMENTS

Paste 1x1 size picture with blue background

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 Basic Pay Scale		
6	Date of joining Govt. Service:		
7	Date of Birth (According to CNIC)		
8	Passport No.(must be valid upto 1 st March, 2021 _____ 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 Contact No.		
13	Office Contact No.		

Undertaking: I hereby solemnly undertake that I will abide by the Policy and instructions of the Ministry of Religious Affairs and Inter-Faith Harmony pertaining to Hajj Operation-2020. I also undertake that I will not directly, indirectly, physically or telephonically contact the authorities spouse/family member is performing Hajj duty during Hajj-2020. The given information is correct to the 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.

Signature of Nominee: _____

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 cancellation of nomination.

Name of officer:		Contact No.	
Official Stamp and signature:			

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-2020 and his proceeding to Kingdom of Saudi Arabia for
performance of duty under the supervision of Ministry of Religious Affairs & Interfaith Harmony.

Name of officer:	
Contact No.	
Official Stamp and signature:	

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 2020.

Name of officer:	
Contact No.	
Official Stamp and signature:	

SELECTION OF MOAVINEEN-E-HUJJAJ FOR HAJJ-2020

ACCEPTANCE FORM

I have carefully read and understood all the terms and conditions contained overleaf of Ministry of Religious Affairs & Interfaith Harmony and accept to become a part of Moavineen-e-Hujjaj. 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.

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:	
Contact No.	

Signature: _____