

NOMINATION PROFORMA FOR MOAVINEEN-E- HUIJAJ for HUIJ-2019

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 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 upto 1 st March, 2020: _____, 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-2019. I also undertake that I will not directly, indirectly, physically or telephonically contract the authorities of the M/O R&HI 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-2019. 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 R&IH may reject my nomination altogether if the information is found deficient / incorrect /fabricated.

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:	
Official Stamp & Signature:	
Contact No.	

SELECTION OF MOAVINEEN-E-HUJJAJ 2019
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	
Contact No.	In Pakistan In KSA (if any)

I have carefully read and understood all the terms and condition 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.

Signature _____

SERVICE AND NO OBJECTION CERTIFICATE
(Must be verified by the administration of the department)

Personal File No. _____

Dated: _____

It is certified that Mr _____ 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-2019 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:	
Contact No.	

MEDICAL FITNESS CERTIFICATE
(Must be verified by the administration of the department)

No. _____

Dated: _____

It is certified that I have personally examined Mr/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 Officer:	
Official Stamp & Signature:	
Contact No.	