To be read in conjunction with M/o RA&IH advertisement

CHECK LIST FOR PHOTOCOPIES OF DOCUMENTS IN HARD REQUIRED TO BE SUBMITTED TO OTS FOR HAJJ MEDICAL MISSION (HMM) for Hajj Duty-2027

Sr No.	Description	HMM (BPS 1-16)	HMM (BPS 17-18)	Remarks
1	Nomination Proforma and Undertaking	✓	✓	
2	Medical Fitness Certificate	✓	✓	From concerned Government Hospital/ THQ/ DHQ
3	Service No Objection Certificate (NOC)	✓	✓	Original NOC will be required at the time of Selection
4	Surety Bond on stamp paper	✓	✓	Regular Government Servant
5	Latest Salary/pay Slip	✓	✓	Regular Government employee in BS-01 to 18
6	Candidates Bio Data Form	✓	✓	
7	CNIC (To be pasted on nomination Proforma)	✓	✓	
8	1x passport size color photograph (white background) to be pasted on Bio-data form	✓	✓	
9	Copy of office card	✓	✓	
10	Undertaking by the repeater Candidate certifying that he/she has not performed Hajj duties more than three (03) times in KSA as HMM.	✓	✓	

Note:

1. All Applicants are required to send/upload **photocopies** of above-mentioned documents as applicable duly attested from his/her relevant respective departmental Gazetted officer along-with OTS online application form to OTS.
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-2027 and old forms will not be accepted.

NOMINATION PROFORMA FOR MEDICAL MISSION FOR HAJJ-2027

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 (Government Servant)		
8.	Date of Birth (according to CNIC):		9. Date of joining regular Govt. 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 pertaining to Hajj Operation-2027. 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 then 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 - 2027. 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 and conditions contained overleaf of M/o RA&IH and accept to become a part of Hajj Medical Mission 2027. 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 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 - 2027

(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 medical or mental disability / disease for performance of duty at Kingdom of Saudi Arabia as member of Medical Mission for Hajj – 2027.

Name of Medical Officer: _____Contact No: _____

Official Stamp: _____

SERVICE AND NO OBJECTION CERTIFICATE - 2027

(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-2027 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 Government servant and not on adhoc or 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 – 2027

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 and 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 and 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 and Interfaith Harmony for payment of the amount of fine.

Employee Name: _____

Signature: _____

Address: _____

Department: _____

CNIC: _____

(Not below Grade – 17)

SURETY-1	**SURETY-2**
Name:	Name:
Signature:	Signature:
Address:	Address:
CNIC:	CNIC:

CANDIDATES BIO DATA FORM-2027

White background Picture (passport size)

Full Name:	CNIC:	
Father's Name:	Date of Birth:	
Phone Number:	Email:	
Current Department/ Organization of Employee:		
Current Designation:		
Nature of Employment (Permanent/ Regular Government Servant,		
Grade/ BPS	Start date of Employment	
Approx Height: Feet _____Inches _____	Approx Weight: _____Kgs	

Do you have any pre-existing medical condition?
(Please circle the relevant option and mention what treatment/medications you are currently taking)

Diabetes	Other (Please list your condition, along with any medication you might be on)
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
If yes, please state the relevant trip with dates (for example: Umrah, June, July 2024)		
4. Do you own an android mobile?	Yes	No
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)		
5. Which of the following Android functions do you know?		

How to turn on and share your location	How to read a map on an android phone	How to create a hotspot from your phone

6. Have you ever downloaded on an application?	Yes	No
If yes, please mention name of applications downloaded		
7. Have you downloaded or used the Pak HMM application?		
IMPORTANT: All member of Medical Mission 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 officials Hajj app for HMM), you are advised to procure or arrange, on your own expense (with no later reimbursement by the Ministry of RA&IH), a useable android phone and a battery power bank. No HMM without an android phone and a battery pack will be recommended further.		
8. Do you have the print of Hajj HMM Booklet?	Yes	No
9. Have you read the book?	Yes	No
If yes, interviewer is to ask selective questions pertaining to key sections of the booklet		
10.Are you aware the HMM duty hours go up to 12 hours in a single shift?	Yes	No
11.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
12.Are you willing to bear expense due to any unforeseen requirement?	Yes	No
13. Sect: ☐ Sunni ☐ Ahl-e-Tashee		
☐ 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.		
Signature of Candidate		

UNDERTAKING BY REPEATER CANDIDATE

(Regarding Previous Hajj Duties as Hajj Medical Mission)

I, Mr./Ms. _____ S/O, D/O _____, holding CNIC No. _____, presently serving as _____, BPS _____, in the Health Ministry/ Department _____, do hereby solemnly undertake and certify that:

I have performed Hajj duties in the Kingdom of Saudi Arabia as member HMM on _____ occasion(s) during the year(s) _____.

I hereby certify that I have not performed Hajj duties more than three (03) times in the Kingdom of Saudi Arabia as member HMM.

I understand that furnishing any false, incorrect or misleading information regarding my previous Hajj duties may result in **cancellation of my candidature/selection**, besides any other action permissible under the applicable rules and regulations.

I undertake that the information provided above is true and correct to the best of my knowledge and belief, and that I shall be responsible for any discrepancy or misrepresentation found at any stage of the selection process.

Employee Name: _____

Signature: _____

CNIC No.: _____

Department/Ministry: _____

Designation/BPS: _____

Address: _____

Thumb Impression: _____

Date: _____