

राजस्थान सरकार  
निदेशालय चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवायें

स्वास्थ्य भवन, तिलक मार्ग, सी-स्कीम जयपुर 302005 Email: dmhs.tcng@gmail.com contact no. 0141-2222683  
क्रमांक: राजहैल्थ/टी.सी./25019/2024/163 दिनांक: 06/04/24

समस्त प्रधानाचार्य/अधीक्षक,  
मेडिकल कॉलेज राजस्थान।  
संयुक्त संयुक्त निदेशक,  
चिकित्सा एवं स्वास्थ्य सेवायें, जोन।  
समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,  
राजस्थान।  
समस्त प्रमुख चिकित्सा अधिकारी,  
राजस्थान।  
समस्त शेष नियंत्रण अधिकारी,  
राजस्थान।

विषय:—हज यात्रा हेतु अस्थाई प्रतिनियुक्ति के संबंध में।

प्रसंग:—अल्पसंख्यक कार्य मंत्रालय, भारत सरकार के पत्र दिनांक 02.04.2024 के क्रम में।

उपरोक्त विषयांतर्गत संदर्भित पत्र के क्रम में लेख है की भारत सरकार के निर्देशानुसार हज यात्रा हेतु अस्थाई प्रतिनियुक्ति पर चयनित पैरामेडिकल/नर्सिंग/फार्मासिस्ट कर्मियों को दिनांक 26.04.2024 को अल्पसंख्यक कार्य मंत्रालय में उपस्थिति देने हेतु प्रासंगिक पत्र में वर्णित शर्तों के साथ निम्न शर्तों की पालना सुनिश्चित करते हुए कार्यमुक्त कर निदेशालय को अवगत करावें:—

1. उक्त कर्मियों के विरुद्ध किसी भी प्रकार की एफ.आई.आर./विभागीय जांच आदि वर्तमान में विचाराधीन/लंबित/प्रस्तावित नहीं है।
2. उक्त कर्मिक प्रतिनियुक्ति समाप्ति के उपरान्त अविलम्ब अपने मूल पदस्थापन स्थान पर उपस्थित होंगे।
3. उक्त प्रतिनियुक्ति अवधि के दौरान राज्य सेवा से त्यागपत्र एवं स्वैच्छिक सेवानिवृत्ति स्वीकार्य नहीं होगी।
4. राष्ट्र विरोधी गतिविधि में सम्मिलित नहीं होंगे।

संलग्न:— पत्र दिनांक 02.04.2024 की प्रति।

निदेशक (अराजपत्रित)  
चिकित्सा एवं स्वास्थ्य सेवायें  
राजस्थान जयपुर

दिनांक: 06/04/24

क्रमांक: राजहैल्थ/टी.सी./25019/2024/163

प्रतिलिपी निम्न को सूचनार्थ एवम आवश्यक कार्यवाही हेतु प्रेषित है:—

1. विशिष्ट सहायक, माननीय चिकित्सा एवं स्वास्थ्य मंत्री महोदय, राजस्थान सरकार।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान जयपुर।
3. निजी सचिव, सचिव, अल्पसंख्यक कार्य मंत्रालय, भारत सरकार को उनके पत्र दिनांक 02.04.2024 के क्रम में।
4. संयुक्त शासन सचिव, चिकित्सा एवं स्वास्थ्य(गुप-3) विभाग, राजस्थान जयपुर।
5. निदेशक(जन स्वा0), मुख्यालय।
6. चयनित कर्मचारी द्वारा उनके नियंत्रण अधिकारी।
7. प्रभारी सर्वर रूम, मुख्यालय को भेजकर लेख है कि उक्त पत्र को विभागीय वेबसाईट पर अपलोड करे।

RajKaj Ref  
6482253

Document certified by RAKESH KUMAR  
SHARMA <rasrakeshsharma@gmail.com>

Digitally Signed by Rakesh  
Kumar Sharma  
Designation: Director  
Date :06-04-2024 11:53:23

Comp. No.: 140145  
File No.: HAJ-16/11/2023-HAJ MoMA  
Government of India  
Ministry of Minority Affairs  
(Haj Division)

11th Floor,  
Pt. Deendayal Antyodaya Bhawan,  
CGO Complex, Lodhi Road,  
New Delhi-110003  
Date: 02.04.2023

To,

Additional Chief Secretary,  
Medical Health & Family Welfare Department,  
Jaipur, Rajasthan  
(phs@rajasthan.gov.in)

**Subject: Temporary deputation to CGI, Jeddah (Saudi Arabia for Haj-2024)**  
Sir/Madam,

I am directed to inform that 13 Doctors and 23 Paramedics (list attached as Annexure-1) from Rajasthan have been selected for temporary deputation to CGI, Jeddah for Haj-2024 by Ministry of Health & Family Welfare (MoH&FW) vide letter no. Z.32020/03/2023-SAS-II(EMR)-Part(3) dated 05.03.2023. **Necessary NOC has been obtained from the Election Commission of India vide their letter No. 437/6/CG-HP/ECI/LET/FUNCT/MCC/2024/607 dated 27.03.2024.** The selection of the Doctors/Paramedics is subject to compliance with the conditions laid down by the Election Commission of India and adherence to the requisite criteria as laid down in the MoH&FW D.O. letter no. Z-32020/03/2023-SAS-II, dated 08.12.2023 based on submission of requisite documents namely:-

- i. Relieving order from the parent department.
- ii. Last Pay Certificate (LPC) (pay slip will not be accepted in place of LPC).
- iii. Fresh Medical Certificate (as per Annexure-2).
- iv. Certificate of Vaccination for meningitis/cerebral fever /polio / cerebrospinal meningitis / a dose of tetra vaccine (AC YW 135) / inoculation for seasonal influenza/influenza A (H1N1).

2. The Doctors/Paramedics is/are entitled only eight days preparation time for outward journey. You are requested to relieve concerned Doctors/Paramedics from your State/Hospital/Organization to report to the **Ministry of Minority Affairs, CGO Complex, Lodhi Road, New Delhi-110003 on 26<sup>th</sup> April, 2024** so that they can complete requisite formalities well in time and attend the orientation training program and other formalities. After completion of the orientation training the said Doctors/Paramedics will be sent to CGI, Jeddah from 30.04.2024 onwards.

3. During the period of deputation to Jeddah, the Doctors/Paramedics is/are entitled to the following:

- a. Basic Pay,

- b. Foreign Allowance as admissible by CGI, Jeddah.
- c. Free sharing Accommodation at Jeddah, Madinah and Arafat as per deployment.
- d. To and fro air ticket of economic class from Delhi to Jeddah. Baggages as allowed by Air Lines will be admissible. No additional Baggages allowance will be allowed.
- e. No Daily Allowance will be admissible for halts en route and during movement between Jeddah / Makkah / Madina (Saudi Arabia) while on official duty.
- f. During 8 days preparation time, deputationists will be entitled for usual basic pay plus allowance as admissible in India.
- g. No conveyance and DA claim will be admissible for journey performed in India for completion of formalities related to deputation.
- h. On completion of deputation and relieving from CGI, Jeddah; the deputationists stand reverted to parent office, salary and other usual allowance will be borne by officer's parent office / department.
- i. Travelling expenditure from hometown to Delhi on onward journey by entitled class will be borne by CGI, Jeddah. Return TA bill will be settled in parent department.

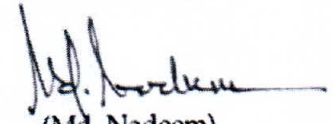
4. Necessary Political Clearance is being obtained from MEA and will be sent to concerned RPO in due course.

5. Doctors/Paramedics are advised to apply online for official passport ([www.passportindia.gov.in](http://www.passportindia.gov.in)) and to contact the nearest Regional Passport Office to obtain Official Passport and submit the same to Haj Division, Ministry of Minority Affairs along with two colour photographs with white background (with straight face without wearing a cap or turban on the head) and duly filled Visa form (Annexure-3).

6. It is, therefore requested to relieve the Doctors/Paramedics to report to this Ministry at aforesaid address **on 26<sup>th</sup> April, 2024 positively** failing which their candidature will be cancelled without any correspondence and available candidate from waiting list will be selected as the Doctors/Paramedics.

7. This issues with the approval of the Competent Authority.

Yours sincerely,



(Md. Nadeem)

Under Secretary (Haj-II)

Email ID: [ushaj2-mma@gov.in](mailto:ushaj2-mma@gov.in)

Tel.: 011- 24364278

Copy to:

1. Dr. L. Swasticharan, Addl. DDG & Director EMR, DGHS, MoHFW, Nirman Bhawan, New Delhi.
2. PSO to Secretary (H&FW), Nirman Bhawan, New Delhi.
3. Selected Doctors & Paramedics concerned.

List of Selected Medical Personnel - Annexure-1

S. N.	State/ Organization Name	Doctors / Paramedics	Specialization	Name	Gender	E Mail ID
1	Rajasthan	Doctor	Anaesthesia	Syed Sakib Naqvi	M	<a href="mailto:chinunaqvi@gmail.com">chinunaqvi@gmail.com</a>
2	Rajasthan	Doctor	ENT	Mehrab Ali	M	<a href="mailto:mehrab78@gmail.com">mehrab78@gmail.com</a>
3	Rajasthan	Doctor	M.B.B.S	Syed Zeeshan Ali	M	<a href="mailto:zeeshan.naqvi2222@gmail.com">zeeshan.naqvi2222@gmail.com</a>
4	Rajasthan	Doctor	M.B.B.S	Dr. Aslam	M	<a href="mailto:amansuri444@gmail.com">amansuri444@gmail.com</a>
5	Rajasthan	Doctor	M.B.B.S	Dr. Haider Ali	M	<a href="mailto:dr_haider87@yahoo.com">dr_haider87@yahoo.com</a>
6	Rajasthan	Doctor	M.B.B.S	Dr. Hasan Ali Khan	M	<a href="mailto:drhassankhan2006@yahoo.com">drhassankhan2006@yahoo.com</a>
7	Rajasthan	Doctor	M.B.B.S	Dr. Mohammad Rafique	M	<a href="mailto:drrafiquekhan@gmail.com">drrafiquekhan@gmail.com</a>
8	Rajasthan	Doctor	M.B.B.S	Dr. Shama Khan	F	<a href="mailto:dr.shamakhan48@gmail.com">dr.shamakhan48@gmail.com</a>
9	Rajasthan	Doctor	M.B.B.S	Dr. Uzma Jabeen	F	<a href="mailto:jabeenu28@gmail.com">jabeenu28@gmail.com</a>
10	Rajasthan	Doctor	M.B.B.S	Dr. Yasmeen Rehmani	F	<a href="mailto:rehmaniyasmeen@gmail.com">rehmaniyasmeen@gmail.com</a>
11	Rajasthan	Doctor	Ophthalmologist	Nizamuddin	M	<a href="mailto:drnizamuddin006@gmail.com">drnizamuddin006@gmail.com</a>
12	Rajasthan	Doctor	Physician	Mohammed Rashid Khan	M	<a href="mailto:rashidkhan7862000@yahoo.com">rashidkhan7862000@yahoo.com</a>
13	Rajasthan	Doctor	Pulmonary	Adeeb Amir Ansari	M	<a href="mailto:dr.adeebansari@gmail.com">dr.adeebansari@gmail.com</a>
14	Rajasthan	Paramedics	ECG Technician	Tarannum Bano	F	<a href="mailto:ansaritannu24@gmail.com">ansaritannu24@gmail.com</a>
15	Rajasthan	Paramedics	Lab Technician	Jamil Mohammad	M	<a href="mailto:jkpathan@hotmail.com">jkpathan@hotmail.com</a>
16	Rajasthan	Paramedics	Pharmacist	Nilofer Sammeja	F	<a href="mailto:nilofersamma@gmail.com">nilofersamma@gmail.com</a>
17	Rajasthan	Paramedics	Pharmacist	Anwar	M	<a href="mailto:anwarkhn27@gmail.com">anwarkhn27@gmail.com</a>

18	Rajasthan	Paramedics	Pharmacist	Mohammad Waseem	M	<a href="mailto:wasmakram9027@gmail.com">wasmakram9027@gmail.com</a>
19	Rajasthan	Paramedics	Pharmacist	Ayaz Ahmed	M	<a href="mailto:ayazahmedswm@gmail.com">ayazahmedswm@gmail.com</a>
20	Rajasthan	Paramedics	Pharmacist	Mohd Tauseef	M	<a href="mailto:tosifkhan286@gmail.com">tosifkhan286@gmail.com</a>
21	Rajasthan	Paramedics	Pharmacist	Arfan Ali	M	<a href="mailto:arfanalipharma3@gmail.com">arfanalipharma3@gmail.com</a>
22	Rajasthan	Paramedics	Pharmacist	Mansoor Ali	M	<a href="mailto:mansoorali429@gmail.com">mansoorali429@gmail.com</a>
23	Rajasthan	Paramedics	Pharmacist	Jahan Aara	F	<a href="mailto:jahanaara7866@gmail.com">jahanaara7866@gmail.com</a>
24	Rajasthan	Paramedics	Pharmacist	Farooq Ali Panwar	M	<a href="mailto:farooq.panwar@gmail.com">farooq.panwar@gmail.com</a>
25	Rajasthan	Paramedics	Staff Nurse	Yashmin Bi Pathan	F	<a href="mailto:yashminpathan@gmail.com">yashminpathan@gmail.com</a>
26	Rajasthan	Paramedics	Staff Nurse	Syed Mohammed Taiyab Naqvi	M	<a href="mailto:taigabnaqvitonk@gmail.com">taigabnaqvitonk@gmail.com</a>
27	Rajasthan	Paramedics	Staff Nurse	Abdul Rashid	M	<a href="mailto:abdulrashidmoyal@gmail.com">abdulrashidmoyal@gmail.com</a>
28	Rajasthan	Paramedics	Staff Nurse	Mohammeed Riyaz Akhtar	M	<a href="mailto:riyaakhtar@gmail.com">riyaakhtar@gmail.com</a>
29	Rajasthan	Paramedics	Staff Nurse	Abdul Mannan Khan	M	<a href="mailto:abdulmannankhaldar@gmail.com">abdulmannankhaldar@gmail.com</a>
30	Rajasthan	Paramedics	Staff Nurse	Mohammad Rauf	M	<a href="mailto:morauf1984@gmail.com">morauf1984@gmail.com</a>
31	Rajasthan	Paramedics	Staff Nurse	Asif Iqbal	M	<a href="mailto:drasifiqbal99@gmail.com">drasifiqbal99@gmail.com</a>
32	Rajasthan	Paramedics	Staff Nurse	Shahid Ahmed	M	<a href="mailto:shahidahamed1984@gmail.com">shahidahamed1984@gmail.com</a>
33	Rajasthan	Paramedics	Staff Nurse	Madina Bano	F	<a href="mailto:madinabano1980@gmail.com">madinabano1980@gmail.com</a>
34	Rajasthan	Paramedics	Staff Nurse	Jamal Abdul	M	<a href="mailto:nasiransari900@gmail.com">nasiransari900@gmail.com</a>
35	Rajasthan	Paramedics	Staff Nurse	Khan Abdul Wasi	M	<a href="mailto:khanwasi975@gmail.com">khanwasi975@gmail.com</a>
36	Rajasthan	Paramedics	XRAY Technician	Nusrat Jahangir	F	<a href="mailto:hasanusrat523@gmail.com">hasanusrat523@gmail.com</a>

**MEDICAL SCREENING & FITNESS CERTIFICATE- 1445(H)- 2024(C.E)**  
**(Must obtain the following certificate from a Government Medical Officer (Allopathic)**  
**authorized by the State/UT Government/Central Govt./Defence Authorities /PSU/**  
**Autonomous Bodies)**

**Photograph**  
Paste your recent  
passport size  
colored photo  
having a white  
background  
(Size: 3.5 cm x 3.5  
cm)

**Personal Particulars:**

Name:

Date of Birth:

Gender: Male/Female

ID No. (Passport/voter Id/Aadhar etc.)

Complete address:

Contact No.:

Blood Group:

Self-declaration To be filled by the Haj Deputationist	Please circle/ कृपया गोला बनाएं
1. Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause? क्या आप मिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौर से पीड़ित हैं?	Yes / No हां / ना
2. Are you suffering from defect in vision? क्या आप दृष्टि दोष से पीड़ित हैं?	Yes / No हां / ना
3. Have you ever been diagnosed with? / क्या आपको कभी कोई बिमारी हुई है a) Tuberculosis(TB) / क्षय रोग (टीबी) b) COPD (Asthma/Bronchitis/Emphysema etc.) अस्थमा/ब्रॉकाइटिस/वातस्फीति c) Hypertension (BP) / रक्तचाप d) Diabetes Mellitus / मधुमेह e) Heart related illness / हृदय संबंधी बीमारी f) Kidney disease / गुर्दे की बीमारी g) Liver disease / यकृत रोग h) Cancer / कैंसर i) Bleeding Disorder / रक्तस्राव विकार j) Any Other (Specify) / कोई और (उल्लेख करें)	a) Yes / No (हां / ना) b) Yes / No (हां / ना) c) Yes / No (हां / ना) d) Yes / No (हां / ना) e) Yes / No (हां / ना) f) Yes / No (हां / ना) g) Yes / No (हां / ना) h) Yes / No (हां / ना) i) Yes / No (हां / ना) j) Yes / No (हां / ना)
4. Pregnant / गर्भवती Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)	Yes / No (हां / ना)
5. History of Allergy/ एलर्जी (if any) Details if answer is yes	Yes / No (हां / ना)

**Self-Declaration for Medical Certificate by Haj Deputationist / हज प्रतिनियुक्तकर्ता द्वारा चिकित्सका प्रमाणपत्र के लिए स्व-घोषणा**

I.....S/D/W of ..... hereby declare that the above mentioned information is true to the best of my knowledge and my application may be cancelled if it is found incorrect/false at a later date / मैं.....

S/D/W..... घोषणा करता हूँ कि उपरोक्त उल्लिखित जानकारी सर्वोत्तम सर्वोत्तम रूप से सत्य है और मेरी जानकारी यदि बाद में गलत/ झूटी पाई गई तो मेरा आवेदन रद्द किया जा सकता है।

**Signature/Thumb Impression of the Haj Deputationist**



<b>Medical Examination (to be filled by Doctor)</b>	
<b>Any medical complaints:</b> ..... .....	
***	
General Examination	Systemic Examination
Pallor	CVS
Icterus	Per Abdomen
Pulse rate	Respiratory System
Temperature	Any Gross Neurodeficit-weakness/Paralysis- Yes/No
Respiratory Rate	Any other significant findings:
Blood Pressure	
Pregnant Yes/No	
If Pregnant LMP (Pregnant ladies above 28 weeks of pregnancy at the starting date of journey may not be permitted as per the guidelines)	

**Investigation Findings:**

CBC.....  
 Random Blood Sugar.....  
 X-Ray chest.....  
 KFT & ECG (If Reqd).....  
 Any other if needed.....

**Remarks:**.....

**Certification of Doctor**

I have carefully examined the pilgrim & his/her prescription & certify that he/she is physically and mentally fit/not fit to travel for Haj. I have also advised pilgrims on medications to carry adequate medicines with them.

.....  
**Name of Doctor (in Block letters)**

**Signature & Stamp of Govt. Medical Officer  
(allopathic)**

**Date:**

**Registration No. of Doctor:**

**Sign/thumb impression of the applicant**



سفارة المملكة العربية السعودية  
القسم القنصلي  
EMBASSY OF SAUDI ARABIA  
CONSULAR SECTION

Full name: الاسم الكامل  
 Mother's name: اسم الأم  
 Date of birth: تاريخ الولادة Place of birth: محل الولادة  
 Previous nationality: الجنسية السابقة Present nationality: الجنسية الحالية  
 Sex:  Female  Male الجنس: Male  
 Marital Status: الحالة الاجتماعية  
 Religion: المذهب  
 Place of issue: مصدرها Qualification: المؤهل العلمي Profession: المهنة  
 Home address and telephone No.: عنوان المنزل ورقم الهاتف  
 Business address and telephone No.: عنوان الشركة (الإقامة) ورقم الهاتف

Purpose of travel:  عمل  عمل  زيارة  عبور  لأقامة  حج  دبلوماسية  
 Place of issue: محل الإصدار Date passport issued: تاريخ الإصدار Passport No.: رقم الجواز  
 Date of passport's expiry: تاريخ انتهاء صلاحية الجواز  
 Duration of stay in the Kingdom: مدة الإقامة بالمملكة Date of arrival: تاريخ الوصول Date of departure: تاريخ المغادرة  
 Mode of Payment: ( ) Free ( ) Cash ( ) Cheque No. ( ) Date ( ) Date  
 Relationship: صلة اسم المحرم  
 Destination: وجه الوصول بالمملكة Carrier's name: اسم الشركة الناقلة

Dependents traveling in the same passport: إبطاحات تحضر أفراد العائلة (الضامون) على نفس جواز السفر

نوع الصلة Relationship	تاريخ الميلاد Date of Birth	الجنس Sex	الاسم بالكامل Full name

Name and address of company or individual in the kingdom: اسم وصنوان الشركة أو اسم الشخص وصنوانه بالمملكة

The undersigned hereby certify that all the information I have provided are correct. I will abide by the laws of the Kingdom during the period of my residence in it.  
 أنا الموقع أدناه أقر بأن كل المعلومات التي أوفيتها صحيحة وسألتزم بقوانين المملكة أثناء فترة إقامتي بها.  
 Date: التاريخ Signature: التوقيع Name: الاسم

For official use only:  
 Date: تاريخه Authorization: للاستعمال الرسمي فقط  
 Visit / Work for: رقم الأمر الممنحه عليه في إعطاء التأشيرة  
 Date: التاريخ Visa No.: زيارة - العمل لدى  
 FEE COLLECTED: مديتها Type: النوع المدفوع Duration: مدتها  
 Head of consular section: رئيس القسم القنصلي  
 Checked by: مدقق البيانات

This form is to be filled in Arabic, English, French, German, Italian, Japanese, Korean, Spanish, and Thai. The validity of a visa is subject to the availability of visas. The validity of a visa is subject to the availability of visas. The validity of a visa is subject to the availability of visas.