

राजस्थान सरकार  
निदेशालय, चिकित्सा एवं स्वास्थ्य सेवाये, राजस्थान, जयपुर

क्रमांक: राजपत्रित/डीपीसी/हज-24/2024/79

दिनांक 05/04/24

**-: आदेश :-**

अल्पसंख्यक कार्य मंत्रालय, भारत सरकार के पत्र दिनांक 02.04.2023/24 (प्रति संलग्न) के द्वारा हज मिशन-2024 में चिकित्सा विभाग से अस्थाई प्रतिनियुक्ति हेतु भारत सरकार द्वारा निम्न 13 चिकित्सकों का चयन किया गया है। यह सुनिश्चित किया जाकर कि इनके विरुद्ध वर्तमान में कोई विभागीय जॉच/एफ.आई.आर. लम्बित नहीं है तथा हज मिशन हेतु निर्धारित शर्तें पूर्ण करते हैं, के पश्चात् इन्हें नियत तिथि से पूर्व कार्यमुक्त करें, ताकि वे निर्धारित समय पर अपने कर्तव्य पर उपस्थित हो सकें :-

1. डॉ. असलम	चिकित्सा अधिकारी	28.04.1991
2. डॉ. अदीब अमीर अंसारी	व. चि. अधिकारी	17.08.1987
3. डॉ. हैदरअली	चिकित्सा अधिकारी	02.07.1987
4. डॉ. हसनअली खान	चिकित्सा अधिकारी	05.02.1987
5. डॉ. मेहराब अली	कनिष्ठ विशेषज्ञ	02.01.1973
6. डॉ. मोहम्मद रफीक	व. चि. अधिकारी	01.01.1975
7. डॉ. मोहम्मद राशिद खान	व. चि. अधिकारी	21.11.1984
8. डॉ. निजामुद्दीन	उप निदेशक	01.07.1979
9. डॉ. सैयद जीशान अली	चिकित्सा अधिकारी	01.07.1991
10. डॉ. सैयद साकीब नकवी	कनिष्ठ विशेषज्ञ	09.06.1986
11. डॉ. शमा खान	चिकित्सा अधिकारी	20.05.1984
12. डॉ. उजमा जबीन	चिकित्सा अधिकारी	28.10.1993
13. डॉ. यास्मीन रहमानी	व. चि. अधिकारी	18.06.1984

निदेशक (जन स्वा.)

चिकित्सा एवं स्वास्थ्य सेवाये,  
राजस्थान, जयपुर

क्रमांक: राजपत्रित/डीपीसी/हज-24/2024/79

दिनांक 05/04/24

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है :-

1. संयुक्त शासन सचिव, चिकित्सा एवं स्वास्थ्य (ग्रुप-2) विभाग, राजस्थान, जयपुर।
2. संमस्त प्रधानाचार्य, संलग्न चिकित्सालय समूह, राजस्थान।
3. संमस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी/प्रमुख चिकित्सा अधिकारी।
4. सम्बन्धित चिकित्सक, द्वारा उनके प्रशासनिक अधिकारी।
5. प्रभारी, सर्वर रूम, मुख्यालय को भेजकर लेख है, कि तुरन्त विभाग की बैबसाइट पर अपलोड कराने की व्यवस्था करें।
6. राजपत्रित संस्थापन अनुभाग/ ए. टी. प्रकोष्ठ मुख्यालय।
7. रक्षित पत्रावली।

RajKaj Ref  
6484697

निदेशक (जन स्वा.)

Digitally Signed by RAVI  
PARKASH MATHUR <rpm272004@yahoo.co.in>

Digitally Signed by RAVI  
PARKASH MATHUR  
Designation: Director  
Date :04-04-2024 05:25:44

415  
24/4/24

DRC  
4/4/24

REC'D/DIP/PHI  
07/3/24  
13 APR 2024  
D.M. & H.S. (P.H.)  
ALH

Comp.No. 110115  
File No. HAJ-107/11/2023-HAJ/MOHA  
Government of India  
Ministry of Minority Affairs  
(Haj Division)

218  
03-04-24  
DIA (NG)  
DIA (PH)

11th Floor,  
Pt. Deendayal Antyodaya Bhawan,  
CGO Complex, Lodhi Road,  
New Delhi-110003  
Date: 02.04.2024

To:  
Additional Chief Secretary,  
Medical Health & Family Welfare Department,  
Jaipur, Rajasthan  
(pms@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.

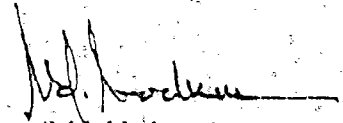
4. Necessary Political Clearance is being obtained from MEA and will be sent to concerned RTO in due course.

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-rma@gov.in](mailto:ushaj2-rma@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. No.	State/ Organization Name	Doctors / Paramedics	Specialization	Name	Gender	E-Mail ID
1	Rajasthan	Doctor	Anaesthesia	Syed Sakib Naqvi	M	sanuinaqvi@gmail.com
2	Rajasthan	Doctor	ENT	Mehrab Ali	M	mehrab78@gmail.com
3	Rajasthan	Doctor	M.B.B.S	Syed Zeeshan Ali	M	zeeshan.naqvi2222@gmail.com
4	Rajasthan	Doctor	M.B.B.S	Dr. Aslam	M	amansuri444@gmail.com
5	Rajasthan	Doctor	M.B.B.S	Dr. Haider Ali	M	dr_haider87@yahoo.com
6	Rajasthan	Doctor	M.B.B.S	Dr. Hasan Ali Khan	M	dr.hassankhan2006@yahoo.com
7	Rajasthan	Doctor	M.B.B.S	Dr. Mohammad Rafique	M	drorafiquekhan@gmail.com
8	Rajasthan	Doctor	M.B.B.S	Dr. Shama Khan	F	dr.shamakhan48@gmail.com
9	Rajasthan	Doctor	M.B.B.S	Dr. Uzma Jabeen	F	jabeeenu28@gmail.com
10	Rajasthan	Doctor	M.B.B.S	Dr. Yasmeen Rehmani	F	rehmaniyasmeen@gmail.com
11	Rajasthan	Doctor	Ophthalmologist	Nizamuddin	M	drnizamuddin006@gmail.com
12	Rajasthan	Doctor	Physician	Mohammed Rashid Khan	M	rashidkhan7862000@yahoo.com
13	Rajasthan	Doctor	Pulmonary	Adeeb Amir Ansari	M	dr.adeebansari@gmail.com
14	Rajasthan	Paramedics	ECG Technician	Tarannum Bano	F	ansaritannu24@gmail.com
15	Rajasthan	Paramedics	Lab Technician	Jamil Mohammad	M	lkpathan@hotmail.com
16	Rajasthan	Paramedics	Pharmacist	Nilofer Sammeja	F	nilofersamma@gmail.com
17	Rajasthan	Paramedics	Pharmacist	Anwar	M	anwarkhn27@gmail.com

18	Rajasthan	Paramedics	Pharmacist	Mohammad Wasim	M	<a href="mailto:wasiimwasim1992@gmail.com">wasiimwasim1992@gmail.com</a>
19	Rajasthan	Paramedics	Pharmacist	Ayaz Ahmed	M	<a href="mailto:ayazahmed97@hotmail.com">ayazahmed97@hotmail.com</a>
20	Rajasthan	Paramedics	Pharmacist	Mohd Tauseef	M	<a href="mailto:tozifkhan786@gmail.com">tozifkhan786@gmail.com</a>
21	Rajasthan	Paramedics	Pharmacist	Arfan Ali	M	<a href="mailto:arfanalipharma1@gmail.com">arfanalipharma1@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:talgabnaqvitonk@gmail.com">talgabnaqvitonk@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:rivaakhtar@gmail.com">rivaakhtar@gmail.com</a>
29	Rajasthan	Paramedics	Staff Nurse	Abdul Mannan Khan	M	<a href="mailto:abdulmannankhaldan@gmail.com">abdulmannankhaldan@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:drasifqbal99@gmail.com">drasifqbal99@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:nasransari900@gmail.com">nasransari900@gmail.com</a>
35	Rajasthan	Paramedics	Staff Nurse	Khan Abdul Wasil	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..... घोषणा करता हूँ कि उपरोक्त उल्लिखित जानकारी सर्वोत्तम रूप से सत्य है और मेरी जानकारी यदि बाद में गलत/ झूठी पाई गई तो मेरा आवेदन रद्द किया जा सकता है।

Signature/Thumb Impression of the Haj Deputationist



अल्पसंख्यक कार्य मंत्रालय  
MINISTRY OF  
MINORITY AFFAIRS

Medical Examination (to be filled by Doctor)	
Any medical complaints:	
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.

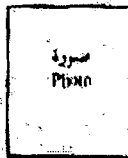
Name of Doctor (in Block letters)

Date:

Signature & Stamp of Govt. Medical Officer  
(allopathic)

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 الميلاد Place of birth: محل الميلاد  
 Previous nationality: الجنسية السابقة Present nationality: الجنسية الحالية  
 Sex:  Male  Female الجنس:  Male  Female  
 Marital status: الحالة الاجتماعية  
 Sect: المذهب Religion: المهنة  
 Place of issue: مكان إصداره Qualification: المؤهل العلمي Profession: المهنة  
 Home address and telephone No.: عنوان المنزل ورقم الهاتف  
 Business address and telephone No.: عنوان الشركة (لوحة) ورقم هاتفها

Purpose of travel:  Work  Visit  Hajj  Umrah  Education  Medical  Diplomatic  
 Place of issue: مكان الإصدار Date of passport issue: 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:  Cash  Cheque No. رقم الشيك (بشكل رقم) Date: تاريخ الدفعة (بمحاكاة) رقم الدفعة (بمحاكاة) Date: طريقة الدفع (بمحاكاة) رقم الدفعة (بمحاكاة) Date: اسم المحرم  
 Relationship: صلة  
 Destination: جهة التحويل بالمملكة Carrier's name: اسم الشركة (الخط)

Dependents traveling in the same passport: إبطاءات تجلس أفراد شاملة (الطيارين) على جواز السفر:

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

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 law of the Kingdom during the period of my residence in it.  
 أنا الموقر أدناه أقر بأن كل المعلومات التي قدّمها صحيحة. سألتزم بقانون المملكة خلال مدة إقامتي بها.  
 Date: التاريخ Signature: التوقيع Name: الاسم

For official use only: للاستعمال الرسمي فقط  
 Date: التاريخ Authorization: رقم الأمر الممنوع عليه في المملكة للتأشير  
 Visa / Work Tot: لزيارة - فصل لدى  
 Date: التاريخ Visa No.: رقم الجواز  
 FEE COLLECTED: المدفوع المبلغ المحصل Duration: المدة  
 Head of consular section: رئيس القسم القنصلي  
 Checked by: مدقق البيانات

This form is to be filled in Arabic or English only. It is not to be filled in any other language. The information provided must be true and correct. The applicant is responsible for the accuracy of the information provided. The consular section reserves the right to reject any application if the information provided is false or incomplete.