**APPLICATION FOR PN UMRAH CONTINGENT 2021**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_**

 **Category**  **Station Total number of seats**

 **applied for (including self)**

Karachi

Islamabad

Retired

Serving

**PART - I**

Photograph

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service No**. \_\_\_\_\_\_\_\_\_\_\_ **Rank / Rate**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seniority in the present rank** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OAS ID** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sect**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Blood Group**: \_\_\_\_\_\_\_\_\_\_

**CNIC No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Expiry**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Whether performed Umrah earlier?** \_\_\_\_\_\_\_\_\_\_ (**If Yes mention Year**) \_\_\_\_\_\_\_\_\_\_

**Present Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tele No**. Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Res:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What’s App No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Address of the person in Pakistan / NOK to be contacted in case of emergency / casualty at KSA**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_CNIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer to assist / support other fellow members: Yes: \_\_\_\_\_ No. \_\_\_\_\_**

**PART – II**

**DECLARATION / CERTIFICATE BY APPLICANT**

1. I hereby solemnly declare that:-

a. I am Muslim and believe in the absolute and unqualified finality of the Prophethood of Muhammadﷺ as the last of the Prophet.

b. I do not recognize any person who claims to be prophet in any sense of the word or of any description whatsoever after Muhammad ﷺ are recognize such a claimant as Prophet or a religious reformer as a Muslim.

c. I consider Mirza Ghulam Ahmed Quadiani to be an imposter Nabi and also consider his followers whether belonging to the Lahore or Quadiani group to be Non-Muslim.

2. I solemnly affirm that I fulfill all the conditions of eligibility as per PN Umrah Policy and that the information given by me is correct to the best of my Knowledge. I understand that incorrect information will render me ineligible for Umrah and will make me liable to disciplinary action.

3. I along with my dependants will accept policies of Ministry of Religious Affairs (MoRA) and instructions given for smooth conduct of PN Umrah Contingent by MRI Dte. and I will not demand any exclusive / extra services which are not included in the given package.

4. I along with my dependants if applicable) will accept Saudi Taleemat concerning burial of dead body in KSA. (NoK and relatives will not insist to transport me or my dependant’s dead body to Pakistan).

5. I am willing to pay any additional Tax / levy, if imposed by KSA Govt andaccept changes in schedule and facilities made by MRI Dte at any stage.

6. I will accept accommodation and transport plan, issued by Contingent Coordinator / MRI Dte for hotel / building / intercity movement / Ziaraats / and will not ask for change.

7. I certify that I or my dependant will not insist on any solo journey and will move along with PN Contingent.

8. I am not serving abroad on deputation / undergoing any course / not on probation etc.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Applicant)

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ Rank / Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART – III**

**CERTIFICATE BY COMMANDING OFFICER / EQUIVALENT (FOR SERVING ONLY)**

Certified that the information given by the applicant is correct as per record and recommended for inclusion in PN Umrah Contingent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Commandant / Equivalent)

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PN UMRAH CONTINGENT**

**APPLICATION FOR DEPENDENT PILGRIM**

Photograph

**PART – I**

**Name of dependant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Profession**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality**: \_\_\_\_\_\_\_\_\_\_\_\_

**Religion**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sect**: \_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship with applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Blood Group**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CNIC No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Expiry**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Whether performed Umrah earlier?** \_\_\_\_\_\_\_\_\_\_ (**If yes, mention year**) \_\_\_\_\_\_\_\_\_\_

**Present Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What’s App No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Address of the person in Pakistan / NOK to be contacted in case of emergency / casualty at KSA**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_CNIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART – II**

**DECLARATION OF DEPENDENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby solemnly declare that I am Muslim and believe in the absolute and unqualified finality of the Prophethood of Muhammadﷺ as the last of the Prophet. I do not recognize any person who claims to be prophet in any sense of the word or of any description whatsoever after Muhammad ﷺ are recognize such a claimant as Prophet or a religious reformer as a Muslim. I consider Mirza Ghulam Ahmed Quadiani to be an imposter Nabi and also consider his followers whether belonging to the Lahore or Quadiani group to be Non-Muslim.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Dependant

**PART – III**

**CERTIFICATE BY THE APPLICANT IN RESPECT OF HIS / HER DEPENDANT**

I solemnly affirm that the information given above is correct to the best of my knowledge and agree that my dependant will abide by the conditions laid down by KSA Govt / Ministry of Religious Affairs and NHQ (MRI Dte), Islamabad.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant)

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Please use separate application form for each dependent accompanying for Umrah.**