



APPLICATION FOR PN UMRAH CONTINGENT

Month: _____ Year: _____

Category		Station		Total number of seats applied for (including self)
Serving	Retired	Islamabad	Karachi	<input type="text"/>

PART - I

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: _____

Option for Room Sharing (Please tick relevant box):

QUAD Sharing

(4-6 persons normally may be accommodated in a room. Ladies and gents will stay in separate rooms)

TRIPLE Sharing

(With additional charges subject to availability / seniority)

DOUBLE Sharing

(With additional charges subject to availability / seniority)

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 Muhammad ﷺ 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 and accept 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: _____
Rank / Rate: _____

Date: _____

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 _____
Rank _____
Date _____

Official Stamp



PN UMRAH CONTINGENT

APPLICATION FOR DEPENDENT PILGRIM

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 Muhammad ﷺ 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 Qadiani to be an imposter Nabi and also consider his followers whether belonging to the Lahore or Qadiani group to be Non-Muslim.

Date: _____

Signature of Dependand

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.

Date: _____

(Signature of Applicant)
Full Name _____
Rank _____
Service No _____

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