



APPLICATION FOR PN HAJJ CONTINGENT

Year: _____

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

PART - I

Name: _____

Rank / Rate: _____ Service No. _____

Father's Name: _____

Religion: _____ Sect: _____

Date of Commission / Enrollment: _____ Unit: _____

Blood Group: _____ Nationality: _____ Date of Birth: _____

CNIC No: _____ Date of Expiry: _____

Whether performed Hajj earlier? _____ (If Yes mention Year) _____

Present Address: _____

Tele No. Office: _____ Res: _____

Cell No _____ What's App No _____

COVID-19 Vaccine & Booster Name	Dose	Date
	1 st	
	2 nd	
	1 st	
	2 nd	

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

Address: _____

Relationship: _____ CNIC: _____

Cell No: _____ Any other number: _____

Option for Room Sharing (for Makkah and Madinah Only): (Please tick relevant box)

QUAD Sharing (Four persons normally will 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)

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 or recognize such a claimant as Prophet or a religious reformer as a Muslim.
 - c. 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.
2. I solemnly affirm that I fulfill all the conditions of eligibility as per PN Hajj 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 Hajj 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 Hajj Contingent by MRI Dte. I will not demand any exclusive / extra services which are not included in the given package.
4. I along with my dependants 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. Further, I hereby authorize MRI Dte to deposit my Hajj Charges in an Islamic bank and utilize its profit (if any) for the welfare, training etc of hujjaj and other activities as deemed appropriate.
6. I will not object on the traffic plan issued by the Govt. of KSA for movements.
7. I will accept accommodation plan, issued by MRI Dte for hotel / building and will not ask for change.
8. I have no objection in sharing of room at Azizia and tents at Mina with other participants of the PN Contingent on gender basis.
9. I certify that I or my dependant will not insist on any solo journey and will move along with PN Contingent.
10. I am not serving abroad or deputation or undergoing any course 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 Hajj Contingent.

(Signature of Commandant / Equivalent)

Full Name _____

Rank _____

Date _____

Official Stamp



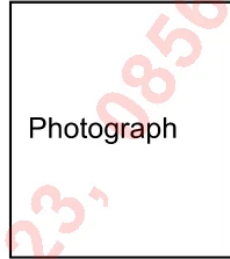
PN HAJJ CONTINGENT

Year: _____

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 Hajj earlier? _____ (If yes, mention year) _____
Present Address: _____
Cell No: _____ What's App No: _____



COVID-19 Vaccine & Booster Name	Dose	Date
	1 st	
	2 nd	
	1 st	
	2 nd	

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

Address: _____

Relationship: _____ CNIC: _____

Cell No: _____ Any other number: _____

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 or 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 Lahori or Qadiani 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 Ministry of Religious Affairs and NHQ (MRI Dte), Islamabad.

(Signature of Applicant)

Full Name _____

Rank _____

P/ PJO No _____

Date: _____

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

Lt PN Ifra Gul (AM III DOT NET PNSD) 26 Jan 23, 08:56hrs