APPLICATION FORM OF HAJJ, 2024

1.	Division														
2.	Name of Directorate														
3.	Name of Factory/ Firm														
4.	Name of Applicant														
5.	Designation														
6.	Religion														
7.	CNIC						-							-	-
8.	Date of Birth							A	ge i	n y	ear	s			
9.	Passport No.								Nat	iona	ality	У			
10.	Date of expiry of Passport														
11.	Service in present Factory														
12.	Total Service (20-years or above)														
13.	Cell No.														
14.	Address of Applicant														
15.	Whether Hajj performed earlier?								YE	S		NO			
List of Documents attached			ereb	y s	sole	emr	ıly	affi	rm	and	d c	lec	lare	tha	t above
Attested copy of Valid CNIC of Applicant			statement is correct, to the best of my knowledge &												
Medical Fitness Certificate			belief. I hereby undertake to comply with all the												

 \Box | belief. I hereby undertake to comply with all the terms and conditions imposed by the Institution from time to time in connection with its policy.

SIGNATURE OF APPLICANT

CERTIFICATE FROM EMPLOYER

Copy of Passport

is not available

NOC from Employer

Attested affidavit in case passport

_____ is working in this Certified that Mr./Ms./Mrs. Factory / Firm as ______ under employee #______ since_____. He has ______ years' service at his credit. He is Muslim and has religious bent of mind. He has not performed Hajj before. His age is more than 50-years. Medical fitness certificate issued by the Doctor of PESSI is enclosed.

SIGNATURE / STAMP OF EMPLOYER

FOR OFFIC	IAL USE					
	Certified that Mr./Ms./Mrs.	is secured employee				
of M/s	under S.S. No	and his/				
her contribu	tion is being received. Further, he/she is	Eligible Not eligible for performance				
of Hajj on the expenses of Institution as per prevailing policy of the Institution.						

ASSTT. DIR. (CONT.)

DY. DIR. (ADMN)

DIRECTOR