

EASTERN RAILWAY

No. E.296/0/Haj/Pt. II

Kolkata, dated 27<sup>th</sup> Dec, 2023.

All Concerned.

Sub :-Temporary deputation of Medical Professionals/Paramedics to  
Consulate General of India, Jeddah, Saudi Arabia for Haj 2024 -  
regarding.

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Copy of Railway Board's letter No. E(NG)I-2022/DP/4 dated 26.12.2023 on the above subject along with its enclosures is forwarded for information guidance and necessary action.

It is requested to recommend the names of suitable and willing male and female Muslim permanent Railway employees to be considered for deputation on temporary duty to Consulate General of India, Jeddah for rendering assistance to Haj Pilgrims as Paramedics for Haj-2024.

As Railway Board have fixed the target date to receive the applications at their end on 29.12.2023, it is requested to send the necessary particulars of the recommended employees approved by respective Competent Authority to this office (Ruling section) within 28.12.2023 (12:00 hrs.) positively. It may be ensured that names of those employees who fulfill the eligibility conditions as in Annexure -2 should only be sent to this office in one lot in duplicate for onward transmission to Railway Board.

Please ensure wide circulation of the issue.

DA: As above.

  
(K. C. Das)

Dy. Chief Personnel Officer/NG  
for Pr. Chief Personnel Officer

Copy of Railway Board's letter No. E(NG)I-2022/DP/4 dated 26.12.2023 addressed to the General Manager(P), All Indian Railways and others.

Sub :- Temporary deputation of Medical Professionals/Paramedics to  
Consulate General of India, Jeddah., Saudi Arabia for Haj 2024 -  
regarding.

\*\*\*\*\*

Please find enclosed a copy of DO No.Z.32020/03/2023-2023-SAS-II (EMR) dated 08.12.2023 from secretary/Department of Health and Family Welfare(M/oH&FW) on the above subject and recommend the names of suitable and willing male and female Muslim Permanent Railway employees to be considered for deputation on temporary duty to Consulate General of India, Jeddah for rendering assistance to Haj Pilgrims as Paramedics for Haj-2024. Necessary particulars of the recommended employees may be sent to this office latest by 29.12.2023 positively. It may be ensured that names of those employees who fulfill the eligibility conditions as in Annexure 'A' should only be sent within the prescribed time in one lot.

Hindi Version Will Follow.

DA : As above

\*\*\*\*\*

भारत सरकार/GOVERNMENT OF INDIA  
रेल मंत्रालय/MINISTRY OF RAILWAYS  
(रेलवे बोर्ड/RAILWAY BOARD)

No. E(NG)I-2022/DP/4

New Delhi, dated 26.12.2023

The General Manager (P),  
All Indian Railways &  
Production Units.

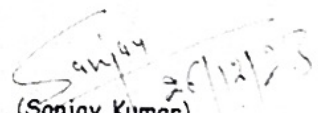
The Chief Managing Directors,  
All Public Sector Undertakings of Ministry of  
Railways,  
RLDA & CRIS etc.

Sub: Temporary deputation of Medical Professionals/Paramedics to Consulate  
General of India, Jeddah, Saudi Arabia for Haj 2024-regarding.

Please find enclosed a copy of DO No.Z.32020/03/2023-2023-SAS-II (EMR) dated  
08.12.2023 from Secretary/Department of Health and Family Welfare (M/oH&FW) on the  
above subject and recommend the names of suitable and willing male and female Muslim  
Permanent Railway employees to be considered for deputation on temporary duty to  
Consulate General of India, Jeddah for rendering assistance to Haj Pilgrims as Paramedics  
for Haj-2024. Necessary particulars of the recommended employees may be sent to this  
office latest by 29.12.2023 positively. It may be ensured that names of those employees  
who fulfill the eligibility conditions as in Annexure 'A' should only be sent within the  
prescribed time in one lot.

Hindi version will follow.

DA: As above.

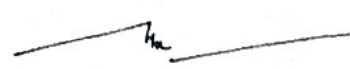
  
(Sanjay Kumar)  
Deputy Director Estt. (N)  
Railway Board  
Tele No.011- 23303658  
E mail Id sanjay.kumar6@gov.in

No. E(NG)I-2022/DP/4

New Delhi, dated 26.12.2023

Copy to:

1. The General Secretary, All Indian Railwaymen's Federation, Room No.253, Rail Bhavan, New  
Delhi.
2. The General Secretary, National Federation of Indian Railwaymen, Room No. 256-E, Rail  
Bhavan, New Delhi.

  
for PED (IR)/Railway Board

Copy to: ERB-IV, E(O)II and Security (E).

सुधांश पंत  
सचिव  
Sudhansh Pant  
Secretary



सत्यमेव जयते



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare  
DO No. Z.32020/03/2023-SAS-II(EMR)

8<sup>th</sup> December, 2023

Dear Ma'am/Sir,

I would like to take this opportunity to apprise you that every year lakhs of people from India visit the Kingdom of Saudi Arabia (KSA) for the holy Haj pilgrimage. The Haj pilgrimage being a large-scale mass gathering requires preparedness in the form of medical screening, vaccinations of the pilgrims, and constant monitoring of the health of these pilgrims throughout the period.

1. In line with the medical care arrangements carried for Haj 2023, the Ministry of Health and Family Welfare (MoHFW) has been entrusted again with certain responsibilities by the Ministry of Minority Affairs (MoMA) for Haj 2024. Therefore, MoHFW seeks your support and cooperation to ensure a safe, hassle-free, and seamless Haj pilgrimage 2024 with minimal health challenges. As is already known, the pilgrims would be provided healthcare in the Kingdom of Saudi Arabia in health facilities along the pilgrimage route. These health facilities would be manned by doctors and paramedics working in the State/UT Government Health Facilities, Medical & Dental Colleges, and in the Institutes of the MoHFW.
2. The period of deputation will be approximately 02-03 months tentatively from mid of May to mid of July 2024.
3. The **categories of medical professionals** who are eligible for deputation for Haj 2024 is as below:

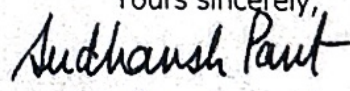
- Doctors (MBBS), General Medicine (MD), Pulmonary Medicine (MD), Radiology (MD/Diploma), Orthopaedics (MS/Diploma), General Surgery (MS), Obstetrics/Gynaecology (MD/DGO), Paediatrician (MD), Anaesthesia (MD), ENT(MS), Psychiatry (MD/Diploma), Pathology (MD), Neurology (MD), Community Medicine (MD/DPH), Cardiology (MD), Dermatology (MD)
- Dentists (BDS/MDS)
- Pharmacists (Diploma/Degree)
- Nurse (Diploma/Degree)
- ECG Technician (Diploma/Degree)
- X-Ray Technician (Diploma/Degree)
- Lab Technician (Diploma/Degree)
- Dental Assistant/Hygienist (Diploma/Degree)

4. In view of the above, a **compiled list of nominations in the Excel format in soft and hard copy (Annexure 1)** may be shared by the following:

- All the States/UTs Govt. through Pr. Secy./Secy.(H&FW)/Director Health Services

- Government Medical/Dental colleges in the States/Uts through MS/Dean/Director
  - CGHS through Director CGHS
  - Hospitals under the Ministry of Defence (MoD) through MoD
  - Hospitals under Ministry of Railways through Directorate of Railways.
  - Institutions namely- all AIIMS, Dr. RML hospital New Delhi, Safdarjung hospital New Delhi, LHMC New Delhi, PGIMER (Chandigarh), JIPMER (Puducherry), RIMS (Imphal), NEIGRIMS Shillong, Aligarh Muslim University, NIMHANS, Central Institute of Psychiatry, mental health/psychiatric institutes under states/UT /Central govt. through MS/Director/Head of the institution.
  - Only the applications through proper channels will be accepted.
  - Competent authorities may scrutinize the information of personnel before forwarding to MoHFW.
  - By obtaining an undertaking from the applicants before to submitting to MoHFW, the cadre controlling authority may cross-verify prior deployments to Haj.
  - Nominations to be compiled by the State/UT/Institution in the format attached at **Annexure 1** and to be shared in **hard and excel copy** after due verifications.
5. Eligibility criteria & General Conditions for the nominations and deputation are attached at **Annexure 2**
  6. Medical certificate to be shared by the nominees is mandatory and is placed at **Annexure 3**
  7. It is requested to kindly send the nominations in the format as per **Annexure 1 in scanned and excel format latest by 29/12/2023** to Dr. Navin Verma Deputy Director (PHS Gr II) in EMR Cell, Dt.GHS, MoHFW at email id- medicaldeputationhaj24@gmail.com
  8. Should the State/UT Government require any clarifications, you may contact at 011-23061302.

*With regards*

Yours sincerely,  
  
**(Sudhansh Pant)**

To

1. Chief Secretaries of All States/UTs
2. Addl. Chief Secretary/Principal Secretary Health & Family Welfare /MD NHM all States/UTs
3. Director AIIMS, New Delhi
4. Director, PGI, Chandigarh
5. Director, JIPMER, Puducherry
6. Director (LHMC & Associate Hospitals), New Delhi
7. Medical Superintendent, VMMC & Safdarjung Hospital, New Delhi
8. Medical Superintendent, Dr. RML Hospital, New Delhi

9. Director CGHS
10. Director AIIMS Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh, Raebareli, Gorakhpur, Mangalagiri, Nagpur, Bathinda, Bibinagar, Kalyani, Deoghar, Bilaspur, Rajkot, Guwahati, Madurai and others
11. Director, RIMS, Imphal, Manipur
12. Director, NEIGRIHMS, Shillong, Meghalaya
13. Director, NIMHANS, Bengaluru, Karnataka
14. Vice Chancellor Aligarh Muslim University
15. DGAFMS Ministry of Defence
16. Director General Railway Health Services (RHS)
17. Director Central Institute of Psychiatry Ranchi

Copy to:

1. Secretary, Ministry of Minority Affairs, CGO Complex, New Delhi
2. CEO, Haj Committee of India, Mumbai

## ANNEXURE I

1. A compiled list of medically fit nominations may be shared by the competent authority in the below-mentioned format in a scanned copy with a covering letter, and in EXCEL format in soft copy as well. Please note that sharing a scanned copy with a signed covering letter and EXCEL soft copies both are mandatory for nomination:

| <b>FORMAT FOR SUBMISSION OF NOMINATIONS FOR HAJ TO MOHFW</b> |                                                |      |        |                                       |                                                                          |               |             |                                                                                                                                                                                      |
|--------------------------------------------------------------|------------------------------------------------|------|--------|---------------------------------------|--------------------------------------------------------------------------|---------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of State/UT:</b>                                     |                                                |      |        |                                       |                                                                          |               |             |                                                                                                                                                                                      |
| <b>Name of Institution/Department:</b>                       |                                                |      |        |                                       |                                                                          |               |             |                                                                                                                                                                                      |
| <b>Name of Nodal Officer for Haj:</b>                        |                                                |      |        |                                       |                                                                          |               |             |                                                                                                                                                                                      |
| <b>Mobile Number of Nodal Officer for Haj:</b>               |                                                |      |        |                                       |                                                                          |               |             |                                                                                                                                                                                      |
| S.No                                                         | Specialization<br>(to be mentioned as below *) | Name | Gender | Date of birth<br>(DD-M<br>M-YY<br>YY) | Date of joining<br>current<br>regular<br>service<br>(DD-M<br>M-YY<br>YY) | Mobile<br>No. | Email<br>id | Previous Haj duty<br>(Yes or No)<br>If Yes mention the<br>Year/s of deputation.<br>(Undertaking to be<br>taken by the<br>State/UT/Institution<br>for the same from<br>the applicant) |
|                                                              |                                                |      |        |                                       |                                                                          |               |             |                                                                                                                                                                                      |

- \*MBBS, General Medicine (MD), Pulmonary Medicine (MD), Radiology (MD/Diploma), Orthopedics (MS/Diploma), General Surgery (MS), Obstetrics/Gynecology (MD/DGO), Pediatrician (MD), Anesthesia (MD), ENT(MS), Psychiatry (MD/Diploma), Pathology (MD), Neurology (MD), Community Medicine (MD/DPH), Cardiology (MD), Dermatology (MD).
- Dentists (BDS/MDS)
- Pharmacists (Diploma/Degree)
- Nurse (Diploma/Degree)
- ECG Technician (Diploma/Degree)
- X-Ray Technician (Diploma/Degree)
- Lab Technician (Diploma/Degree)
- Dental Assistant/Hygienist (Diploma/Degree)

**Eligibility criteria & General conditions for Deputation**

1. The nominee should be a serving Muslim permanent employee in good health working in the Government Health Facilities
2. **Pregnant Females should not be nominated.**
3. **Those on probation are not allowed for deputation.**
4. Preference would be given to those who had not gone for this duty in the past.
5. From the nominations received, the final selection for deputation will be the purview of the screening committee of the Ministry of Health and Family Welfare (MoHFW).
6. The final list shall be sent to the Ministry of Minority Affairs (MoMA), which will thereafter facilitate the visa & travel arrangements of the officials for deputation and for their pay and allowances, some of which are as indicated below:
  - During the period of deputation, basic pay, HRA, and foreign allowance etc. as admissible shall be paid as per instructions of the Government of India issued from time to time by the MoMA.
  - To & fro economic class air tickets will be provided to all the deputationists.
  - The selected candidates will not be allowed to take any of their family members (Parents, spouses and children) even at their own cost.
  - The officials selected will be entitled to eight days preparation/joining time before departure. However, no payment will be made in case the applicant is not able to proceed to Saudi Arabia or stays beyond eight days of preparation time on account of any administrative exigency.
7. Accommodation would be provided to all the officials on deputation by CGI Jeddah.
8. The services of the deputationists will be at the disposal of the Consulate General of India (CGI), Jeddah during their deputation and they will be deployed by CGI, Jeddah for rendering appropriate medical services to the pilgrims at various Hospitals and Branch Dispensaries in Makkah, Madinah, Haj terminal at Jeddah, camps at Mina and Arafat, etc. on a functional basis.
9. Failure to perform duties assigned to the deputationists satisfactorily could lead to immediate repatriation to India and disciplinary action, including partial or full recovery of the Government money spent on his deputation.
10. Workshops for sensitization and capacity building of the officers/officials on deputation will be conducted before their departure from India.

**Medical Screening & Fitness Certificate for Haj Deputationists for Haj 2023****Personal Particulars**

Applicant Name:

Gender Male/Female:

Date of Birth:

Blood Group:

| Medical Examinations                         |                                         |
|----------------------------------------------|-----------------------------------------|
| General Physical Examination:                |                                         |
| Height:                                      |                                         |
| Weight:                                      |                                         |
| BMI:                                         |                                         |
| Pallor:                                      |                                         |
| Icterus:                                     |                                         |
| Pulse Rate:                                  |                                         |
| Respiratory Rate:                            |                                         |
| Blood Pressure:                              |                                         |
| LMP for (for female Applicants):             |                                         |
| Current Pregnancy (for female Applicants)    |                                         |
| History of previous illness                  |                                         |
| COPD (Asthma/Bronchitis/Emphysema)<br>Yes/No | 6. Epilepsy<br>Yes/No                   |
| 2. Diabetes Mellitus<br>Yes/No               | 7. Cerebrovascular Accident<br>Yes/No   |
| 3. Hypertension (BP)<br>Yes/No               | 8. Tuberculosis<br>Yes/No               |
| 4. Heart Disease<br>Yes/No                   | 9. Renal Diseases<br>Yes/No             |
| 5. Mental illness<br>Yes/No                  | 10. History of Surgery if any<br>Yes/No |
|                                              | 11. History of Cancer<br>Yes/No         |
| Remarks                                      |                                         |
|                                              |                                         |

**Certification from the Doctor**

I have carefully examined the person and certified that He/She is mentally and physically fit/not fit to travel and perform Hajj duty in Saudi Arabia.

Name of Doctor (In BLOCK Letter);  
stamp

Signature/Thumb impression of Applicant

Signature of Doctor with

Hospital Address