No. M (Haj)/1183/03/2014 Government of India Ministry of External Affairs (Hajj Cell)

New Delhi, January 15, 2014

OFFICE MEMORANDUM

The undersigned is directed to state that the Ministry of External Affairs hereby invites applications from Muslim doctors and paramedical staff (Officers from Central or State Government/PSUs/Autonomous bodies) for temporary deputation to Consulate General of India, Jeddah, Saudi Arabia, to render medical assistance as Doctors and Paramedics (Allopathic) for Hajj – 2014. The period of deputation will be 2-3 months.

2. The eligibility criteria and other terms and conditions are at Annexure "A". Applications from eligible candidates must be routed through proper channel.

3. The prescribed application form is at Annexure "B".

4. Applicants are required to send six passport size photographs with white background along with their application. Copies of passport form and visa form are given at Annexure 'C' and 'D' for use by selected candidates.

5. The selected candidates should apply for official passports to their concerned Regional Passport Offices (RPO). Details of RPOs are available at website: http://passport.gov.in/

6. The details can be accessed on the website of this Ministry (<u>www.mea.gov.in</u>) and Haj Committee of India (<u>www.hajcommittee.com</u>).

7. The selection of candidates will be done on the basis of length of their service and experience and desirable qualifications such as, knowledge of regional languages, experience in public relations, etc. Ministry's decision on selection of suitable candidates shall be final.

8. Applications, duly forwarded by Directorate of Health Services of the concerned State may be sent at following address: Hajj Cell, Ministry of External Affairs, ISIL Building, Bhagwandas Road, New Delhi-01. (The Cadre Controlling Authority may please ensure that a separate certificate duly signed is attached to each application verifying the information given in column 5, 6, 7, & 10 of the application).

9. The last date for receipt of applications in the Ministry is **March 14, 2014**. Health Departments of all State Governments are requested to ensure that the applications are received in the Ministry on or before the last date. **Applications received after the due date will not be considered.**

(Deputy Secretary to the Government of India) Email: <u>dirhaj@mea.gov.in</u>

- 1. Chief Secretaries of all States and Union Territories.
- 2. Health Secretaries, All States & Union Territories
- 3. Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi;
- 4. Director- General of Health Services, Nirman Bhawan, New Delhi;
- 5. Secretary, Railway Board, Rail Bhawan, New Delhi;
- 6. Ministries of Home Affairs/Communication/ Labour /Defence, New Delhi

Copy for information to:

- 1. Embassy of India, Riyadh;
- 2. CGI, Jeddah;
- 3. DS(FSP) & US(PF), MEA, New Delhi;
- 4. CEO, Haj Committee of India, Mumbai and all State Haj Committees.

Ministry of External Affairs (Hajj Cell)

Eligibility Criteria and Terms and Conditions for Temporary Deputation of Doctors and Para-medical staff to Consulate General of India, Jeddah, Saudi Arabia for Hajj – 2014

NOTE: All applications should be sent through Directorate of Health Services of the concerned State. Applications sent directly will be rejected. Attention of applicants is also invited toward Clause 20 of the CCS (Conduct Rules), 1964 which says, "No Government servant shall bring or attempt to bring any political or other outside influence to bear upon any superior authority to further his interests in respect of matters pertaining to his service under Government." Ministry may initiate disciplinary action against such applicants who violate the above-mentioned clause.

A) <u>CATEGORY "NEED NOT APPLY</u>"

- Doctors holding senior posts or working as Professors/Readers, Medical Superintendents/Deputy Medical Superintendents etc. need not apply. Anesthetists, Microbiologists also need not apply. Unani, Ayurveda and Homeopathic doctors also need not apply.
- Auxiliary Nurses/Midwives need not apply.
- Applicants who have been deputed thrice or more in the past are not eligible. This condition does not apply to Doctors and female Pharmacists.

B) Eligibility Conditions:

For Doctors:

- The applicant should be presently serving in a Central or State Government /PSUs/Autonomous bodies and should have a minimum of three years' experience as Medical Officer. However, in case the number of applicants having minimum 3 years of experience is not sufficient, then applicants with a minimum of 2 years experience may also be considered. Preference will be given to Doctors working as Medical Officers.
- **Only Allopathic Doctors** : General Practitioners (Minimum qualification MBBS), Specialists, Physicians, Surgeons, Orthopedics, Gynecologists, ENT Surgeon, TB & Chest, Psychiatrist, Pathologists, Ophthalmologists, Pediatricians, Dermatologists, Dentists and Cardiologists need apply.
- The applicants should not be more than <u>55 years</u> of age as on 01.07.2014 (Applicant must attach Matriculation Certificate in support of <u>DOB</u>).

For Paramedics:

- Applicant should be in possession of Degree/Diploma in Nursing/ECG/Lab. Technician. The applicant should be presently serving in a Central or State Government/PSUs/Autonomous bodies and should have a minimum five years' service.
- Pharmacists should be in possession of B. Pharma Degree/Diploma.
- The applicant should not be more than **55** years of age as on **01.07.2014** (Applicant must attach Matriculation Certificate in support of DOB).
- The applicant must be physically fit and able to withstand the harsh climate and living conditions and the long duty hours in Saudi Arabia.
- The applicant should hold a permanent post in his/her cadre.

C) Desirable Qualifications:

- Due weightage will be given to applicants having knowledge of Arabic and regional languages.
- Due weightage will also be given to the specialists such as Cardiologists, Gynecologists, ENT Specialists and Physicians. However, Professors, Directors of Hospitals and persons holding senior positions, <u>need not apply</u>. Anesthetists, Microbiologists also <u>need not apply</u>.

D) Pay & Allowances:

- During the deputation period, Basic Pay, HRA & CCA and Foreign Allowance as admissible to India- based staff of equivalent rank in CGI, Jeddah will be paid by CGI, Jeddah.
- No Daily Allowance would be admissible for the period of deputation at CGI, Jeddah.
- Economy class air ticket to and from Jeddah would be provided to the deputationists.
- The selected candidates will be entitled to normal baggage allowance of 20 Kgs.
- Accommodation would be provided on sharing basis to the deputationists.
- The officials selected will be entitled for eight days' preparation/joining time before departure. No joining/preparation time is admissible on return from deputation.
- No conveyance allowance would be paid for completing various formalities in Delhi.
- Expenditure on account of to and fro air travel to Jeddah will be borne by the Ministry of External Affairs.
- Expenditure on account of salary, preparation time and accommodation in Saudi Arabia during the deputation period will be borne by the CGI, Jeddah.

E) Deployment and Duties of the Deputationists:

- The deputationists will be deployed by Consulate General of India, Jeddah, at various Branch offices in Makkah and Madinah, Haj Terminal at Jeddah, Camps at Mina & Arafat, etc to render medical assistance to Indian Haj pilgrims.
- They would function under the day-to-day direction and overall supervision of the Consul General of India, Jeddah.
- The selected deputationists will be deemed to be on 24 hours duty during the entire period of deputation. They will be allocated tasks for specified duration depending on exigencies.

F) General Conditions:

- If the selected candidate does not report in Hajj Cell within time stipulated by the Ministry, the next candidate in the waiting list would be given chance without serving any notice to the non-reporting candidate.
- If any information given by the candidate is found wrong at any stage, the candidate will be banned for ever. The department concerned shall be asked to appropriate disciplinary action against the candidate.
- The selected officials will not be allowed to take any of their family members, including spouse, even at their own cost.
- The selected doctors and paramedics must carry their own Stethoscopes and White Aprons.
- The deputationists are not allowed to interact with the media. Violation of this condition will result in immediate recall and disciplinary action.
- The deputationists should always be in civilian clothes.
- The services of the deputationists will be at the disposal of the Consulate General of India, Jeddah during their deputation.
- 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/her deputation.
- It may be noted that deputationists are deemed to be on 24 hours duty without any weekly off and therefore they are expected to work for extralong hours especially during the core Haj Period. No repeat No extra remuneration or compensation will be payable except the normal admissible Foreign Allowance.

MEDICAL MISSION ONLY THROUGH PROPER CHANNEL

Ministry of External Affairs (Hajj Cell)

Prescribed Application Form for Temporary Deputation to Saudi Arabia in the Indian Medical Mission for Hajj –2014. Applications should be sent through proper channel along-with the enclosed Certificate duly signed. Applications sent directly or without the certificate from the Cadre Controlling Authority, will be rejected. <u>Application</u> <u>should be typed or handwritten in Block letters Only. All columns need to be filled</u> <u>completely. Incomplete application will be rejected.</u>

SI.		Affix your Latest
No. 1	Name	Photograph
	Name	5 - 5 - 1
2	Father's Name	
3 (a)	Designation	
	Ū	
(b)	Official Address (including Phone No.)	
4 (a)	Post presently held	
(b)	Temp/Permanent	
5 (a)	Date of Birth (attach Matriculation certificate, duly attested)	
(b)	Age as on 01.07.2014	
6	Pay scale & present basic pay	
7	Date of joining the Service	
8	Professional Qualifications	
9	Specialization in the field of	
10	Details of all previous deputations to CGI, Jeddah in Indian Medical Mission-with name of the post and number of posting	

11	Languages Known (other than Arabic)	(1)			(2)			(3)			(4)		
	READ (R) WRITE	R	W	s	R	w	S	R	w	s	R	w	S
	SPEAK (S) (Please tick)												
12	Mother tongue												
13	Knowledge of Arabic												
14	Permanent home address												
15	Present/Mailing address												
16	Contact Details	(Of (Re Fa: Mo	es)										
17	E-mail id (Applicant must have a valid email id)		-										
18	Name of nearest Passport Office												
19	Any other information												

Certificate

□ I hereby certify that the information given above is complete and true. I have carefully read the terms & conditions and undertake to abide by them during my deputation to Consulate General of India, Jeddah (Saudi Arabia).

□ I also certify that I do not suffer from any heart ailment, hypertension, diabetes and asthma.

□ I undertake that I shall not accept any remuneration from pilgrims for the service rendered to them.

□ I also undertake that during the period of deputation, I shall **not** perform Hajj pilgrimage.

Date.....

Signature of the applicant

Caution:

i) Any information regarding number of earlier deputations and Date of Birth suppressed or falsely given will render the applicant liable to disciplinary action besides rejection of his application.

ii) Incomplete application is liable to be rejected.

iii) The applicant shall be liable to disciplinary action under the relevant provisions of CCS (CCA)/ Conduct Rules if information in Col. 4 to10 is found incorrect.

iv) Necessary entries regarding deputation should be made in the Service Book of the concerned official.

v) Attention of applicants is also invited toward Clause 20 of the CCS (Conduct Rules), 1964 which says, "No Government servant shall bring or attempt to bring any political or other outside influence to bear upon any superior authority to further his interests in respect of matters pertaining to his service under Government." Ministry may initiate disciplinary action against applicants who violate the above-mentioned clause.

<u>CERTIFICATE TO BE FURNISHED BY THE CADRE CONTROLLING</u> <u>AUTHORITY ON ITS LETTER-HEAD IN THE PRESCRIBE FORMAT (IN BLOCK</u> <u>LETTERS ONLY)</u>

	Certified that a	as per	entries	made	in	the S	ervice	book of
Dr./Mr./Ms								<u> </u>
His/Her date of E	3irth is					. His/l	Her de	signation
is								
Government /PSI	J/Autonomous bo	ody ser	vice on _					·
He/She is permar	nent / temporary	officer i	n the pa	y scale	of R	s		
and has been on	deputation to Sa	udi Ara	bia; in th	e year:-	-			
(1)	(2)				(3)			
More than thrice/I	Never.							
He/She	is eligible for sho	rt term	deputati	on as				<u> </u>
to Consulate Gen	eral of India, Jed	dah. N	o discipli	nary ac	tion	is pen	ding a	gainst
him/her.								
	Signa	ature						
	Name	& Des	ignation_					
	With	Seal_						
	Tel. No. (\	with ST	D code)					
	Fax No. (\	with ST	D code)					
	E-mail add	lress_						

(The Controlling authority will be held responsible if the information furnished is found incorrect.)

Cione Cione		Ар	plic	ati	on 1	Min For	nistr The	Iss	ue of	A D	Af iplo	fair mat	's tic	10	ffici	al		rec	ent o	our u	-	
पुरुषम्ब अवस्ति स	•				< Sigr	natur	e		Signati		E			N		,		3.5 uni atta pho	X 3 form ach a otogi	raph (.5 cm a) & anoth raph of at th	, not er duly	in
(Thumb In All entries two photo Incomplet 1. Name o	graph: e form	s. Chi will	ld al be re	bove	e 5 y ted s	year year	writte s of a maril	en wi age o v.	ith bla r abo	ve is	ll po requ	int j	to	sign	nly o n. It	ne aj is ma	pplio	catio	on is / to	fill of		d w
Surname																				1	T	T
Given	11				-	-	-		-		-		-		_	_	1		-	-	-	-
Name	-				-	-	-		-											-		
Note: Surn	ame	nd No											_		-				-			
(Please at 2. Gender Male	tach p	ow. ohotoo male	copy	/, in / of]	the	app	lican	ke ou t/for	ut the ward	surna	me r			ntit	ite na		in n	orm	al o	orde	r ag	ain
(Please at 2. Gender Male	tach r Fe Birth:	ow. ohotoo male Villa	copy	/, in / of]	the	app	lican	ke ou t/for	ut the ward	surna	me r			ntit	ite ni y Ca		in n	orm		orde	r ag	ain
(Please at 2. Gender Male	tach r Fe Birth:	ow. ohotoo male Villa	copy	/, in / of]	the	app	lican	ke ou t/for	ut the ward	surna	me r			ntit	ite ni y Ca		in n	orm		orde	r ag	ain
(Please at 2. Gender Male 4. Place of District,	tach p Fe Birth:	ow. ohotoo male Villa 'Cour	ge /	of	the vn	app 3. D	lican	t/for f Bir	ward th: I	surna ing o DD N		r's I	(de	ntit YY	y Ca YY	rd)				orde	r ag	
(Please at 2. Gender Male	tach p Fe Birth:	ow. ohotoo male Villa 'Cour	ge /	of	the vn	app 3. D	lican	t/for f Bir	ward th: I	surna ing o DD N		r's I	(de	ntit YY	y Ca YY	rd)				orde	r ag	
(Please at 2. Gender Male [4. Place of District, 5. Father's]	tach p birth: State	male Villa (First	copy ge /	/, tn / of Tov	the wn	app 3. D	lican Date o	t/for f Bir	ward th: I	surna	ffice 1M	r's I	(de	ntit YY	y Ca YY	rd)	nt./I	ate		orde	r ag wed)
(Please at 2. Gender Male [4. Place of District, 5. Father's]	tach p birth: State	male Villa (First	copy ge /	/, tn / of Tov	the wn	app 3. D	lican Date o	t/for f Bir	ward th: I	surna	ffice 1M	r's I	(de	ntit YY	y Ca YY	rd)	nt./I	ate		orde	r ag wed)
(Please at 2. Gender Male 4. Place of District,	tach p birth: State	male Villa (First	copy ge /	/, tn / of Tov	the wn	app 3. D	lican Date o	t/for f Bir	ward th: I	surna	ffice 1M	r's I	(de	ntit YY	y Ca YY	rd)	nt./I	ate		orde	r ag wed)
(Please at 2. Gender Male 4. Place of District, 5. Father's	tach p tach p Birth: State	male Villa (First	ge /	v of Tov	vn Mid	app 3. D	Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N DD N c, in th e, in t	ffice IM	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)
(Please at 2. Gender Male 4. Place of District, 5. Father's	tach p tach p Birth: State	male Villa (First	ge /	v of Tov	vn Mid	app 3. D	Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N DD N c, in th e, in t	ffice IM	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)
<pre>pecify suit the given n (Please at 2. Gender Male</pre>	tach p re Birth: State	w. hotoo male Villa (First e (First e (First	ge /	7 of Tov	wn Mid	app 3. D dle ddle	lican Date o Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N 	ffice IM is o his c	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)
<pre>pecify suit the given r (Please at 2. Gender Male</pre>	tach p re Birth: State	w. hotoo male Villa (First e (First e (First	ge /	7 of Tov	wn Mid	app 3. D dle ddle	lican Date o Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N 	ffice IM is o his c	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)
<pre>pecify suit the given r (Please at 2. Gender Male</pre>	tach p re Birth: State	w. hotoo male Villa (First e (First e (First	ge /	7 of Tov	wn Mid	app 3. D dle ddle	lican Date o Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N 	ffice IM is o his c	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)
(Please at 2. Gender Male [4. Place of District, 5. Father's]	tach p re Birth: State	w. hotoo male Villa (First e (First e (First	ge /	7 of Tov	wn Mid	app 3. D dle ddle	lican Date o Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N 	ffice IM is o his c	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)
<pre>pecify suit the given r (Please at 2. Gender Male</pre>	tach p reame r barne r Fe Birth: State Name Name Spous	w. hotoo male Villa (First e (First e (First	ge /	7 of Tov	wn Mid	app 3. D dle ddle	lican Date o Nam	t/for f Bir e-Su	ward th: I	surna ing o DD N 	ffice IM iis o his c this N co	r's I	(de)	ntit YY	y Ca YYY	rd)	nt./I	Late		allo t allo	wed) d)

_				11		-						1.000		-			1		-	1000		6.79		1	-	
		1 TT	1000	1100	1111	1510	1.011	1000			-	1.1		1253	-	diele	1	1.50		-	-		Concerned in	-	-	-
	-	1	-			-	-		-	-	-	-	-	-		-				-	4		1.1	2.11		
	and a	6-1	412.17	1.1				10					1										1521		0.00	100

Passport No.	In as of Charles the	Application of the
Date of Issue DD MM YY	YY	
Place of Issue		
		2 and of 10 do to only of animate of distant T)
Countries to be visited on official Duty	Countries to be transited	Purpose and duration of visit
Choreella his one of sta Ne	e Property (Initials/Ships	Linear in a second set in the second second second is a second se
Date		(Signature of the applicant
DI CONTRACTORIO DE CONTRACTORIO DE CONTRACTORIO DE CONTRACTORIO DE CONTRACTORIO DE CONTRACTORIO DE CONTRACTORIO		or parent in case of minor)
12. (a) I hereby certify that Shri/Smt./K	CERTIFICATE umari	s proceeding abroad on official duty as
12. (a) I hereby certify that Shri/Smt./K	umarii	s proceeding abroad on official duty as
 12. (a) I hereby certify that Shri/Smt./K indicated in item 12 above. (b) I hereby certify that, Shri/Smt./K 	umarii	s proceeding abroad on official duty as is Wife/ Son/ Daughter/Parent/Domesti
12. (a) I hereby certify that Shri/Smt./K indicated in item 12 above.	umarii	here: Surfaces and search more to proper specify algebraic reparately. Then please and the given trace spic
 12. (a) I hereby certify that Shri/Smt./K indicated in item 12 above. (b) I hereby certify that, Shri/Smt./K Help of 	umarii Kumari	s proceeding abroad on official duty as is Wife/ Son/ Daughter/Parent/Domestic
 12. (a) I hereby certify that Shri/Smt./K indicated in item 12 above. (b) I hereby certify that, Shri/Smt./K Help of duty as indicated in item 12 above. 	umari Kumari ous Bodies (Yes) / (No)	s proceeding abroad on official duty as is Wife/ Son/ Daughter/Parent/Domesti
 12. (a) I hereby certify that Shri/Smt./K indicated in item 12 above. (b) I hereby certify that, Shri/Smt./K Help of	umari Kumari ous Bodies (Yes) / (No) ole	s proceeding abroad on official duty as is Wife/ Son/ Daughter/Parent/Domesti
Help of duty as indicated in item 12 above. 13. Are you working in PSU/ Autonom	umari Kumari ous Bodies (Yes) / (No) ole	s proceeding abroad on official duty as is Wife/ Son/ Daughter/Parent/Domestic

All entries should be in Block letters written with black ball point pen. Only one application is required with two 1. photographs. Child above 5 years of age or above is required to sign. It is mandatory to fill each item. Incomplete form will not be accepted.

2. Please enclose original safe custody Certificate of Valid Ordinary Passport (if held) from your office. If Diplomatic/official passport previously held by the applicant was kept in the safe custody of the Ministry of External Affairs, the original certificate should be enclosed.

Official/Diplomatic/Ordinary passport which is around 10 years old or more (from the date of issue) must be submitted 3.

4. Official retiring in less than six months from the date of application, is required to give an undertaking from his/her office that he/she will surrender dip./off. passport to his/her office immediately after return.

the states are	4	*	العربية السحودية	سفارة الملكة
مرة		T	م القنصلي	القسد
Photo			EMBASSY OF SA	
1	•	" "	CONSULAR S	ECTION
Full name:				الأسم الكامل:
Mother's name:				اسم الأم:
Date of birth:	تاريخ الولادة:	Place of birth:		عل الولادة
Previous nationality:	الجنبة السابقة:			الجنبة الحالية:
Fernale Fernale	الجنس: [ذكر Male]			الحالة الإجتماعية:
Sect.:		Religion:		الديسانية
Hace of issue:	مصدره:	المؤهل الملمي:		الهنة:
Tiome address and telephone	Qualification:		rofession:	
2-	. [10.]	·····	التلفرن:	عنوان المنزل ورقم
Business address and telepho	one No.:		زمسة) ورقم التلقون:	11) 25 +11 -11
عسل Wark Wark		اللاقامة	دبلوماسیة Hajj Diplomacy	
Purpose of travel: wone		Umrah Residence	Hajj Diplomacy	الغاية من المسغر:
Place of issue-	عل الإصدار: Date passport issued	تاريخ الإصدار:	N.	رقم الجواز:
Date of passport's expiry:		. Pa	sport No.:	تاريخ انتهام صا
	مدة الإقامة بالمسل	- تاريخ الوصول:	99.97	
Suracion of stay in the Kingd	om: Date of arriva			
		d:	Date of departure:	تاريخ المغادرة:
		ال: () بشيك رقم:) جاملة () تقدأ	. طريقة الدفع: (
قم: تاريخ: Mode of Payment: () Free		d:		. طريقة الدفع: (te:
قم: تاريخ: Mode of Payment: () Free Relationship:	تاريخ: ()ايسال ر ()Cash ()Cheque No. صلحه:	: () بشيك رقم: Date () بجاملة () تقدأ No. Da (. طريقة الدفع: (te: اسم المحرم
قم: تاريخ: Mode of Payment: () Free Relationship: Destination:	تاريخ: () ايصال ر) Cash () Cash () المحال ر ملت: جهة الرصول بالملكة:	d:) بشیك رئم: Date (Carrier's name:) بجاملة () تقدأ No. Da!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	. طريقة الدفع: (نع: المسم المحرم
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the	تاريخ: () ايمال ر () Cash () Cash () ملت: جية الرصول بالملكة: same passport:	ا:) بشيك رقم:) Date (Carrier's name: نس جواز السقر:) بجاملة () تقدأ No. Da ! نقلة: * ر. أقراد المائلة (المضافين) على ف	طريقة الدنيم: (نعب المحرم اسم المحرم إيضاحات تختم
	تاريخ: () ايسال ر Cash () Cheque No. ملت : جهة الوصول بالملكة: sense presport:	ا: () بشيك رقم: () Date (<u>Carrier's name:</u> الم: الم: ــــــــــــــــــــــــــــــــــــ) بجاملة () تقدأ No. Da الذ: م أفراد المائلة (المضافين) على: الم بالكامل	طريقة الدنيم: (نعب المحرم اسم المحرم إيضاحات تختم
يم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the نوع الميلة	تاريخ: () ايمال ر () Cash () Cash () ملت: جية الرصول بالملكة: same passport:	ا:) بشيك رقم:) Date (Carrier's name: نس جواز السقر:) بجاملة () تقدأ No. Da ! نقلة: * ر. أقراد المائلة (المضافين) على ف	طريقة الدنيم: (نعب المحرم اسم المحرم إيضاحات تختم
يم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the نوع الميلة	تاريخ: () ايسال ر Cash () Cheque No. ملت : جهة الوصول بالملكة: sense presport:	ا: () بشيك رقم: () Date (<u>Carrier's name:</u> الم: الم: ــــــــــــــــــــــــــــــــــــ) بجاملة () تقدأ No. Da الذ: م أفراد المائلة (المضافين) على: الم بالكامل	طريقة الدنيم: (نعب المحرم اسم المحرم إيضاحات تختم
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the : نوع العملة	تاريخ: () ايسال ر Cash () Cheque No. ملت : جهة الوصول بالملكة: sense presport:	ا: () بشيك رقم: () Date (<u>Carrier's name:</u> الم: الم: ــــــــــــــــــــــــــــــــــــ) بجاملة () تقدأ No. Da الذ: م أفراد المائلة (المضافين) على: الم بالكامل	طريقة الدنيم: (نعب المحرم اسم المحرم إيضاحات تختم
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the ing Ilandi Relationship	تاريخ: () ايصال را () Cash () Cheque No. ملته: جهة الوصول با لملكة: same passport: Date of Birth	ا:) بشيك رئم:) Date (Carrier's name: نس جواز الــقر: ابا: نمي) مجاملة () تقدأ No. Da الله: ن أفراد المائلة (المضافين) على ا الم بالكامل Full name	طريقة الدفع: (نف المحرم اسم المحرم اسم الشركة الكان إيضاحات مختم الا
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the ing Ilandi Relationship	تاريخ: () ايسال ر Cash () Cheque No. ملت : جهة الوصول بالملكة: sense presport:	ا:) بشيك رئم:) Date (Carrier's name: نس جواز الــقر: ابا: نمي) مجاملة () تقدأ No. Da الله: ن أفراد المائلة (المضافين) على ا الم بالكامل Full name	طريقة الدفع: (نف المحرم اسم المحرم اسم الشركة الكان إيضاحات مختم الا
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the : Relationship Relationship	تاريخ: () ايصال ر () Cash () Cheque No. : عليه الرصول بالملكة: : تاريخ الملكة: Date of Birth y or individual in the kingdom:	ا:) بشيك رئم:) Date () Carrier's name: المن جواز الفز: الجنيسي ا) بجاملة () نقداً No. Da الله: الله: الله: الله: الله: Full name - Full name ركة أو اسم الشخص وعنواته با	طريقة الدفع: (نعم المحرم اسم المحرم إيضاحات تختم الا المم وعنوان الله
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the : آنج العراق Relationship	تاريخ: () ايسال ر () Cash () Cheque No. : عليه الرصول بالملكة: : تبعة الملكة: : ت	ال) بشيك رئم:) Date () Date () معدد:) محواز السفر:) الجنــــــــــــــــــــــــــــــــــــ) بجاملة () نقداً No. Da الله: الله: الله: الله: الله: Full name ركة أو اسم الشخص وعنواته با مان كل المليات التي دونتها محب	طريقة الدفع: (نعم المحرم اسم المحرم إيضاحات تختم الا المساحات تختم المسم وعنوان الله
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the its limit of the limit Relationship	تاريخ: () ايسال ر () Cash () Cheque No. : حلت () Cheque No. : حلت : : تلفی : تلفی : : تلفی : : : : : : : : : : : : : : : : : : :	ال:) بشيك رئم: Date (کمت و Carrier's name: : المان الجنيسي الم المانکة: المانکة:) بجاملة () نقداً No. Da الله: الله: الله: الله: الله: Full name - Full name ركة أو اسم الشخص وعنواته با	طريقة الدفع: (نعم المحرم اسم المحرم إيضاحات تختم الا المساحات تختم المسم وعنوان الله
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the its limit of the limit Relationship	تاريخ: () ايسال ر () Cash () Cheque No. : عليه الرصول بالملكة: : تبعة الملكة: : ت	ال) بشيك رئم:) Date () Date () معدد:) محواز السفر:) الجنــــــــــــــــــــــــــــــــــــ) بجاملة () نقداً No. Da الله: الله: الله: الله: الله: Full name ركة أو اسم الشخص وعنواته با مان كل المليات التي دونتها محب	طريقة الدفع: (نعم المحرم اسم المحرم إيضاحات تختم الا المساحات تختم المسم وعنوان الله
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the Table II Relationship attice and address of company attice and address of the Kingdo	تاريخ: () ايسال ر () Cash () Cheque No. : حلت () Cheque No. : حلت : : تلفی : تلفی : : تلفی : : تلفی : : : : : : : : : : : : : : : : : : :	ال:) بشيك رئم: Date (کمت و Carrier's name: : المان الجنيسي الم المانکة: المانکة:) بجاملة () نقداً) No. Da الله: اللم: الله: الم: ا:	طريقة الدنيم: (نسم المحرم اسم المحرم إيضاحات تختم المم وعنوان الذ وراكور ملترا بة الاسم: الاسم:
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the its limit of the limit Relationship	تاريخ: () ايسال ر () Cash () Cheque No. : حله () Cheque No. : حله الرصول بالملكة: : تلف المحدون بالملكة: Date of Birth and the information I have provided are co and the information I have provided are co	ال:) بشيك رئم: Date (کمت و Carrier's name: : المان الجنيسي الم المانکة: المانکة:) بجاملة () نقداً) No. Da نقل: ن أفراد المائلة (المضافين) على ا نسم بالك المضافين) على ا Full name ركة أو اسم الشخص وعنواته با بان كل المليمات التي دونتها سبب وابين الملكة الثاء فترة وجودي با. رسمى ققط:	طريقة الدنيم: (نسم المحرم اسم المحرم إيضاحات تختم الما حالت تختم الما وعنوان الله وساكور ملترا بي الاسم: الاسم:
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the تربع العلي Relationship attion and address of company attion	تاريخ: () ايسال ر () Cash () Cheque No. : حلت () Cheque No. : حلت : : تلفی : تلفی : : تلفی : : تلفی : : : : : : : : : : : : : : : : : : :	ال:) بشيك رئم: Date (کمت و Carrier's name: : المان الجنيسي الم المانکة: المانکة:) بجاملة () نقداً No. Da الم. Da Ida Ida Ida Ida Ida Ida Ida Id	طريقة الدنيم: (نسم المحرم اسم المحرم إيضاحات تخم إيضاحات تخم المم وعنوان الله المم وعنوان الله وباكود ملترما بة الاسم: فلامت عمال الر
تم: تاريخ: من Mode of Payment: () Free Relationship: Destination: Dependents traveling in the ity Relationship Relationship attice and address of company attice attice and address of company attice attic	تاريخ: () ايمال ر () Cash () Cheque No. : معلم عبة الرصول بالملكة: 	ال:) بشيك رئم: Date (کمت و Carrier's name: : المان الجنيسي الم المانکة: المانکة:) عباملة () نقداً) No. Da نالة: ن أقراد المائلة (المضافين) على ا نسم بــالكــامل -Full name -Full name بان كل المليات الي دونتها محب وانيز الملكة الناء فترة وجودي با. رسمى فقط: مد عليه في اعطاء التأشيرة : ل لدى:	طريقة الذفع: (اسم المحرم اسم المحرم إيضاحات تخم إيضاحات تخم المم وعنوان الله والم كود ملترما به الاسم: وقم الامر المع ازيارة - المسل
تم: تاريخ: Mode of Payment: () Free Relationship: Destination: Dependents traveling in the تربع العلي Relationship attion and address of company attion	تاريخ: () ايسال ر () Cash () Cheque No. : حله () Cheque No. : حله الرصول بالملكة: : تلف المحدون بالملكة: Date of Birth and the information I have provided are co and the information I have provided are co	ال: <u>Date</u> () <u>Date</u> (<u>Carrier's name:</u> <u>المن جواز المقر:</u> <u>Nex</u> <u>المنا</u> <u>المن</u> <u>المنا</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>المن</u> <u>ا</u>) عباملة () نقداً) No. Da نالة: ن أقراد المائلة (المضافين) على ا نسم بــالكــامل -Full name -Full name بان كل المليات الي دونتها محب وانيز الملكة الناء فترة وجودي با. رسمى فقط: مد عليه في اعطاء التأشيرة : ل لدى:	طريقة الدنيم: (نسم المحرم اسم المحرم إيضاحات تخم إيضاحات تخم المم وعنوان الله المم وعنوان الله وباكود ملترما بة الاسم: فلامت عمال الر