

**Instructions for Nodal Officer for Haj Medical Deputation**

1. **Only Online portal** will be used for inviting applications for deputation of medical professionals in HAJ 2026. In this online portal, the medical professional will apply for Haj Deputation, further the applications will be scrutinized by their State/UT/Organization admin /Nodal Officer and forwarded to MoHFW via the same online portal <https://hajdeputation.mohfw.gov.in/> by Nodal Officer (Administrator login).
2. Nodal Officer shall select the Deputationists as per the eligibility criteria and general conditions as mentioned in ANNEXURE- 2.
3. Nodal officer shall be responsible for scrutinizing and verifying the uploaded documents including mandatory NOC (from Parent cadre/Cadre controlling authority) by the applicant before forwarding to National Admin/Dte.GHS.
4. Shortlisted applications need to be forwarded online by Nodal officer with digital signature to National Admin/Dte.GHS within one week after last date for applicants. No further extension will be permitted to any Nodal Officer.
5. **Medical/Paramedical professionals will apply for Haj deputation via the same portal <https://hajdeputation.mohfw.gov.in/> through applicant (Health Professional) login.**
6. Applicants and Nodal Officers are advised not to send separate emails or hard copies of deputation applications to the Directorate General of Health Services (DGHS), Nirman Bhawan.
7. The **categories of medical professionals** who are eligible for deputation for Haj 2026 is as below:
  - Doctors (MBBS, General Medicine (MD), Emergency Medicine (MD), Pulmonary Medicine (MD), Radiology (MD/DMRD), Orthopedics (MS), General Surgery (MS), Obstetrics/Gynecology (MS), Anesthesia (MD), ENT(MS), Ophthalmologist (MS), Psychiatrist (MD/Diploma), Pathologist (MD), Community Medicine (MD/DPH), Cardiologist (MD/DNB), Dermatologist (MD), Dentist (BDS/MDS)
  - Nursing Officer (Diploma/Degree)
  - Pharmacist (Diploma/Degree)
  - Lab Technician (Diploma/Degree)
  - ECG Technician (Diploma/Degree)
  - X-Ray Technician (Diploma/Degree)

- Dental Hygienist/Technician (Diploma/Degree)
- Physiotherapist

**Eligibility criteria & general conditions for Haj Medical Deputation**

1. The nominee should be a **serving Muslim permanent employee** in good health working in the Government Health Facilities with **age limit of 25-55 years for doctors and 25-45 years for paramedics**.
2. Pregnant Females are **not eligible** for deputation.
3. Regular employees during their probation period are **not eligible** for deputation.
4. Those who had already served three times or more in the Haj mission are **not eligible** for deputation as clinical staff except for specialist category
5. Preference would be given to those, who had not gone for this duty in the past.
6. Medical/Paramedical professionals will submit completed application for Haj deputation with digital sign via the same portal <https://hajdeputation.mohfw.gov.in/> through applicant (Health Professional) login. Only digitally signed applications complete in all respects, submitted timely through the online portal and forwarded by the Nodal Officers will be considered.
7. Application form will be cancelled at any stage if any mistake or false information is detected.
8. From the nominations received through Nodal Officer, **the final selection for deputation will be under the purview of the screening committee of the Ministry of Health and Family Welfare (MoHFW)**.
9. 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 economy 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.

- Before departure, all selected deputationists shall undergo Medical Examination and mandatory vaccinations and shall meet the fitness requirement as per the Haj Healthcard 2026 (ANNEXURE- 4) or as per the latest guidelines of KSA authorities.

7. Accommodation in KSA would be provided to all the officials on deputation by Consulate General of India (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 health facilities set up in Makkah, Madinah, Haj terminal at Jeddah, camps at Mina and Arafat, etc. on a functional basis.
9. Any failure to discharge assigned duties diligently, or any lapse in providing quality care to pilgrims, shall lead to immediate repatriation to India and strict disciplinary action, including partial or full recovery of the government expenditure incurred on the deputation.
10. Mandatory virtual and onsite 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 2026****Personal Particulars**

Applicant Name:

Gender Male/Female:

Date of Birth:

Blood Group:

| <b>Medical Examinations</b>                            |                                              |
|--------------------------------------------------------|----------------------------------------------|
| General Physical Examination:                          |                                              |
| Height:                                                |                                              |
| Weight:                                                |                                              |
| BMI:                                                   |                                              |
| Pallor:                                                |                                              |
| Icterus:                                               |                                              |
| Pulse Rate:                                            |                                              |
| Respiratory Rate:                                      |                                              |
| Blood Pressure:                                        |                                              |
| LMP for (for female Applicants):                       |                                              |
| Current Pregnancy (for female Applicants)              |                                              |
| <b>Medical History</b>                                 |                                              |
| 1. COPD (Astham/Bronchitis/Emphysema)<br><b>Yes/No</b> | 6. Epilepsy<br><b>Yes/No</b>                 |
| 2. Diabetes Mellitus<br><b>Yes/No</b>                  | 7. Cerebrovascular Accident<br><b>Yes/No</b> |
| 3. Hypertension (BP)<br><b>Yes/No</b>                  | 8. Tuberculosis<br><b>Yes/No</b>             |
| 4. Heart Disease<br><b>Yes/No</b>                      | 9. Renal Diseases<br><b>Yes/No</b>           |
| 5. Mental illness<br><b>Yes/No</b>                     | 10. Recent Surgery if any<br><b>Yes/No</b>   |
|                                                        | 11. Cancer<br><b>Yes/No</b>                  |
| <b>Remarks</b>                                         |                                              |
|                                                        |                                              |

**Investigations (If needed)-**

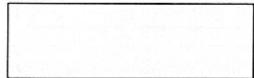
**Certification from the Doctor**

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 of Doctor with

Hospital Address

  
Signature/Thumb impression of Applicant