

Jammu & Kashmir
Baitul Hujaj, Haj House Bemina, Srinagar

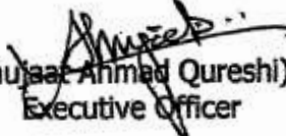
Under Department of Haj & Auqaf, Govt. Of Jammu & Kashmir
Ph No. 0194 - 2495365, 2495367 Email: jkstatehaj@gmail.com website: jkshc.org

Notification

All those Candidates who have applied for selection as State Haj Inspector (SHI) and have appeared in interview and CBT for the same, are hereby informed that their Medical Fitness Examination shall be conducted by Medical Board at Haj House Bemina, as per the following schedule.

S.No	Date	Time	Candidates of Districts
1.	11-03-2025	11: 00 AM	Anantnag, Pulwama, Baramulla, Budgam, Bandipora, Ganderbal
2.	12-03-2025	11:00 AM	Kupwara, Kulgam, Shopian, Srinagar

The candidates are advised to bring all the test reports as mentioned in the Proforma enclosed as Annexure - A.


(Dr. Shujaat Ahmad Qureshi) KAS
Executive Officer

No. Haj/2025/234/174

Dated:- 04-03-2025

Copy to:

01. Chairperson/Vice-chairman/Members of J&K Haj Committee.
02. Chief Executive Officer, Haj Committee of India, Mumbai.
03. Secretary to Govt. Revenue Deptt. Civil Sectt. Jammu.
04. Incharge Website for uploading the same.

MEDICAL EXAMINATION PROFORMA FOR STATE HAJ INSPECTOR

Medical Examination (to be filled by doctor)	
Any Medical Complaints:	
General Examination	Systemic Examination
Pallor	Nervous System
Icterus	Cardio Vascular System
Pulse Rate	Respiratory System
Temperature	Abdomen
Respiratory Rate	Locomotor System
Blood Pressure	Vision
Pregnancy (Yes/No)	Hearing
If Pregnant LMP (pregnant ladies above 28 weeks of pregnancy at the starting date of journey may not be permitted as per the guidelines)	Any other significant findings:

Investigation findings:

CBC, Fasting HbA1c, R/E of Urine, X-ray Chest (PA View) & ECG _____
 _____ any other if needed _____

Remarks: _____

Certification: I/We have carefully examined the Candidate and certify that he/she is physically and mentally **fit/not fit** to travel to Saudi Arabia and perform field Haj duties.

 Name of Medical Superintendent/
 Dy./Asst. Medical Superintendent /
 Dean of Govt. Medical College/
 District Medical Officer (in Capital)

 Signature & Stamp of Medical Superintendent/
 Dy./Asst. Medical Superintendent / Dean of
 Govt. Medical College / District Medical Officer
 Registration No. of Signatory: _____

Dated: _____

Signature/Thumb Impression of the Applicant