VACANCY NOTICE NO. 33/2026

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

ISSUED ON 21/08/2026

GENERAL MANAGERS
ALL RAILWAYS/NEW ZONES/PRODUCTION UNITS

DIRECTOR GENERAL'S/DIRECTORS
ALL RAILWAY TRAINING INSTITUTES

No: 2026/E(O)II/14/37 **VACANCY NOTICE NO. 33/2026**

ORGANIZATION	:	MINISTRY OF HEALTH AND FAMILY WELFARE (HAJ-2027)
TITLE OF POST	:	DOCTOR AND PARAMEDICS (**GAZETTED** OFFICER ONLY)
LOCATION, DURATION, TERM OF APPOINTMENT, AGE, SCALE OF PAY, SPECIFIC REQUIREMENTS ETC.	:	AS PER ANNEXURES
NOTE	:	**APPLICATION SHALL BE SUBMITTED THROUGH THE ONLINE PORTAL OF MoHFW (https://hajdeputation.mohfw.gov.in/).**
CLOSING DATE	:	**28/08/2026**

THERE IS NO NEED TO SEND SEPARATE EMAILS OR HARD COPY OF APPLICATIONS FOR DEPUTATION BY THE APPLICANTS.

DA: ANNEXURES

ROSHAN KUMARI MEENA
DEPUTY SECRETARY/D/RAILWAY BOARD

No: 2026/E(O)II/14/37 **New Delhi. Dated 21/08/2026**

Copy to:-

1. General Managers, Central, Eastern, Northern, North Eastern, North East Frontier, Southern, South Central, South Eastern, Western Railways, Metro Rail, Kolkata, N.W. Railway, Jaipur, E.C. Railway, Hajipur, North Central Railway/Allahabad, South Western Railway/Bangalore, East Coast Railway/Bhubaneswar, West Central Railway/Jabalpur, SEC Rly., Bilaspur.
2. General Managers, CLW/Chittaranjan, DLW/Varanasi, ICF/Perambur, RCF/Kapurthala, W&AP/Bangalore and RE. Allahabad.
3. DG/RDSO, Lucknow and IRCAMTECH, Area Officer, Maharajpur, Gwalior.
4. CAO(R)s, COFMOW/New Delhi, DCW/Patiala, MTP(R), Mumbai, Delhi and Chennai.
5. DG/RSC, Vadodara/Directors, IRIMEE, Jamalpur/IRICEN, Pune and IRISET, Secundrabad/IRIEE, P.B. No. 33, Nasik Road, Maharashtra, Director, Indian Railways Institue of Transport Management (IRITM), Hardoi Bypass Road, P.O. Manak Nagar, Lucknow-226011.
6. All officers/Railway Board (by email).
7. G. Branch for display on Notice Board.
8. Secy. General, FROA, Room No.256-A. Rail Bhavan
9. Secy. General, IRPOF, Room No. 268, Rail Bhavan.
10. Secy. General, IRCA, DRM's Ofice, Accounts Bldg., Chelmsford Rd. New Delhi.
11. Secy, Ministry of Health and Family Welfare, Kartavya Bhawan-1, New Delhi-110001.
12. Adviser/MR, EDPG/MR, OSD/MR, OSD/Co-ord/MR, OSD/MoSR (S), PS/MoSR(S), EDPG/MoSR (R), PED/Staff, PED(Vig), JS(G),JS(E),JS(D), US(C), ERB-I and E(O)I Branches, Railway Board.
13. Chief Commissioner of Railway Safety. Lucknow, Adviser (Safety)/Railway Board.
14. Dy. Director General (Rail Move), Milrail, Addl. Dte General of Movement, Integrated HQs of MoD(Army) Room No-514 B, D-1 Wing, Sena Bhawan New Delhi-110011

ROSHAN KUMARI MEENA
DEPUTY SECRETARY/D/RAILWAY BOARD

Eligibility criteria & General conditions for Haj Deputation

1. The nominee should be a **serving Muslim permanent employee** in good health working in the Government Health Facilities with an 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 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.

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
MINISTRY OF HEALTH AND FAMILY WELFARE

अल्पसंख्यक कार्य मंत्रालय
MINISTRY OF MINORITY AFFAIRS

MEDICAL SCREENING & FITNESS CERTIFICATE- 1448(H)- 2027(C.E)

(Must obtain the following certificate from a Government Medical Officer (Allopathic) authorized by the State/UT Government/Central Govt./Defence Authorities /PSU/ Autonomous Bodies)

Personal Particulars:

Name
Date of Birth:
Age:
Gender: Male/Female
Contact No.:
ID No. (Passport/voter Id/Aadhar etc.)
Blood Group:
Marital Status:
ABHA ID:
Complete address:

Photograph
Paste your recent (clicked within 3 months) passport size colored photo having a white background (Size: 3.5 cm x 3.5 cm)

Self-declaration To be filled by the Haj applicant	**Please circle/ कृपया गोला लगाये**
1. Do you suffer from epilepsy or from sudden attacks of loss of consciousness or giddiness from any cause? क्या आप मिर्गी से पीड़ित हैं या किसी भी कारण से अचानक बेहोशी या चक्कर आने के दौरे से पीड़ित हैं?	Yes/No हां/ ना
2. Are you suffering from defect in vision? क्या आप दृष्टि दोष से पीड़ित हैं	Yes/No हां/ ना
3. Are you currently taking any medication for /क्या आप अभी किसी बीमारी के लिए कोई दवा ले रहे हैं?	Yes/No (हां/ ना)
4. Have you ever been diagnosed with?/ क्या आपको कभी कोई बीमारी हुई है? a) Tuberculosis(TB)/(टीबी/ क्षय रोग) -Currently taking medication for TB/अभी टीबी/क्षय रोग की दवा ले रहे हैं- b) Lung disease/COPD (Asthma/Bronchitis/Emphysema etc.) फेफड़ों की बीमारी /अस्थमा/ब्रोंकाइटिस/वातस्फीति/require oxygen support/ऑक्सीजन सपोर्ट की ज़रूरत है c) Hypertension (BP)/ रक्तचाप d) Diabetes Mellitus/ मधुमेह e) Heart related illness/ हृदय संबंधी बीमारी/Heart attack/Stroke/दिल का दौरा/स्ट्रोक/undergone Heart surgery/हृदय की सर्जरी हुई थी f) Kidney disease/ गुर्दे की बीमारी/Dialysis/डायलिसिस g) Liver disease/ यकृत रोग h) Cancer/ कैंसर i) Bleeding Disorder/ रक्तस्राव विकार j) Mental illness/मानसिक बिमारी k) Any Other (Specify)/ कोई और (उल्लिखित करे) -	a) Yes/No (हां/ ना) Yes/No (हां/ ना) b) Yes/No (हां/ ना) c) Yes/No (हां/ ना) d) Yes/No (हां/ ना) e) Yes/No (हां/ ना) f) Yes/No (हां/ ना) g) Yes/No (हां/ ना) h) Yes/No (हां/ ना) i) Yes/No (हां/ ना) j) Yes/No (हां/ ना)

5. Only for females/ केवल महिलाओं के लिए- Pregnant/ गर्भवती Last menstrual period (in DD/MM/YYYY) अंतिम मासिक माहवारी (in DD/MM/YYYY)	Yes/No (हां/ ना)
6. History of Allergy/ एलर्जी (if any)- Details if answer is yes/अगर जवाब 'हाँ' है, तो विवरण दें-	Yes/No (हां/ ना)

Self-Declaration for Medical Certificate by Haj Applicant/ हज आवेदक द्वारा चिकित्सा प्रमाणपत्र के लिए स्व-घोषणा

Important Note from Haj Policy 2027:

Any person found to have furnished false information shall not be allowed to proceed for Haj. In such cases, he/she will be disqualified at any stage and deboarded even at the embarkation point. The entire amount deposited by him/her shall also be forfeited. Besides, he/she may be prosecuted for making an incorrect / false declaration.

हज नीति 2027 से संबंधित महत्वपूर्ण सूचना:

अगर कोई व्यक्ति गलत जानकारी देता हुआ पाया जाता है, तो उसे हज पर जाने की इजाज़त नहीं दी जाएगी। ऐसे मामलों में, उसे किसी भी स्टेज पर अयोग्य ठहराया जा सकता है और एम्बार्केशन पॉइंट (रवानगी की जगह) से भी वापस भेजा जा सकता है। उसके द्वारा जमा की गई पूरी रकम भी ज़ब्त कर ली जाएगी। इसके अलावा, गलत जानकारी देने के लिए उस पर कानूनी कार्रवाई भी की जा सकती है।

I..... S/D/W of.....hereby declare that the above mentioned information is true to the best of my knowledge and my application may be cancelled if it is found incorrect/false at a later date / मैं..... S/D/W of.....घोषणा करता हूं कि उपरोक्त उल्लिखित जानकारी सर्वोत्तम रूप से सत्य है और मेरी जानकारी यदि बाद में गलत/ झूठी पायी गयी तो मेरा आवेदन रद्द किया जा सकता है।

Signature/Thumb Impression of the Haj Applicant
आवेदक के हस्ताक्षर/अंगूठे का निशान

Medical Examination (to be filled by Doctor)

Name of Applicant -
Age-
Gender-
Name of Government hospital-
State and District-
Date of Examination -

Medical Examination (to be filled by Doctor)
Important Note Haj Policy 2027 (Fitness Criteria Haj Pilgrimage) 1. Those pilgrims with severe medical conditions such as advanced cardiac, respiratory, liver, or kidney diseases; or senility, neurological or psychological disorders affecting cognition or accompanied by severe motor disabilities, old age associated with dementia, active cancer patients receiving chemotherapy, biological therapy, or radiotherapy and active infectious diseases affecting public health (such as open tuberculosis and hemorrhagic fevers). 2. Pregnant ladies above 28 weeks of pregnancy at the starting date of journey(April 2027) are not permitted as per the saudi guidelines)
History of Present illness- Any medical complaints/Any known comorbidity-
Any medication taken by pilgrim currently- Yes/No **If Yes, please provide details-**

General Examination		Systemic Examination
Height (in Metres)-		
Weight (in KG)-		
BMI-		
Blood Pressure-		CVS
Pallor-		Per Abdomen
Icterus-		Respiratory System- Difficulty in breathing- Yes/No
Temperature-		Any Gross Neurodeficit/locomotor disability/weakness/Paralysis- Yes/No
Pulse rate -	- Regular/Irregular	Any other significant findings:
Respiratory Rate-	- Regular/Irregular	
Pregnant Yes/No- If Pregnant LMP- EDD-		

*Pregnant ladies above 28 weeks of pregnancy at the starting date of journey(April 2027) are not permitted for Haj as per the saudi guidelines

Lab & Radiological tests (Only Tests conducted in government facilities are valid)

SN	Investigations	Tests to be conducted for-	Test Findings (Must be within acceptable range)
1	CBC	All Applicant	
2	FBS/HbA1C	All Applicant	
3	X-ray Chest (PA view)**	All Applicant	
4	KFT	All Applicant	
6	LFT	All Applicants	
7	ECG	Mandatory for Applicants- 40yrs and above and <40yrs with (DM/HTN/Obesity/other comorbidity)	
8.	Any other test as suggested by physician upon assessment		
Remarks:			

*All test findings must be within acceptable range for consideration in Pilgrim Selection Process.
**Applicant to be present with original X-ray films for diagnosis by the physician.

"CERTIFICATION OF DOCTOR"

Important Note: Certification is a legal document. False or negligent certification constitutes professional misconduct and will invite disciplinary/legal action as per applicable laws

"I confirm that I have examined the applicant named above based on the medical history provided and current clinical findings. I have read and understood the 'Fitness Criteria for Haj Pilgrimage' as mentioned in Important Note Point 1 & 2 (Haj policy 2027) in this document. Based on the medical examination & tests conducted on (Date:)and documented medical history:

At this Stage the applicant is found to be:
☐FIT TO UNDERTAKE THE HAJ JOURNEY.
☐UNFIT TO UNDERTAKE THE HAJ JOURNEY

.....

Name of certifying Doctor (in Block letters)-
MCI Registration No. of Doctor-
Signature & Stamp of Govt. Medical Officer(allopathic) with date:

Signature/Thumb Impression of the Haj Applicant
आवेदक के हस्ताक्षर/अंगूठे का निशान