

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES
JAMSHORO, SINDH – PAKSITAN

Web Site: www.lumhs.edu.pk



APPLICATION PROFORMA FOR PERFORMANCE OF HAJJ

Name of Employee _____

Father's Name _____

Designation _____

Department _____

Date of Birth _____

C.N.I.C No. _____

Date of appointment _____

Postal Address _____

Phone No. _____ Mobile No. _____

Dated: _____

Signature of Employee

Note: *Only those employees who have been appointed on regular basis in BPS – 1 to BPS – 16 and have complete at least 10 years services as a regular employee of the university are eligible to submit this application.*