

HAJ-12/1/2023-HAJ-MoMA

भारत सरकार

Government of India

अल्पसंख्यक कार्य मंत्रालय

Ministry of Minority Affairs

(Haj Division)

11th Floor, Pt. Deendayal Antyodaya Bhawan,

C.G.O. Complex, Lodhi Road

New Delhi – 110 003

Date: 03.11.2023

OFFICE MEMORANDUM

Subject:- Appointment of Chief Executive Officer, Haj Committee of India, Mumbai - regarding.

Ministry of Minority Affairs invites applications from Muslim Officers working in Central Ministries/ Departments and State Governments, not below the rank of Deputy Secretary in the Government of India (in the Level 12 or above in the Pay Matrix as per 7th Central Pay Commission, or in the Grade Pay of Rs.7600/- or above as per 6th Central Pay Commission) to fill up the post of Chief Executive Officer, Haj Committee of India, a statutory body functioning under the Administrative Control of Ministry of Minority Affairs. Applications should be submitted to the Ministry through proper channel. The office of Haj Committee of India is located in Mumbai. The post is to be filled on deputation basis.

2. The period of deputation is three years initially, which may be extended upto a maximum of one year by the Competent Authority.

3. The eligibility criteria for the post is as under.

I. QUALIFICATION

- A. The candidate should be a Muslim and proficient in English and Hindi .
- B. Knowledge of other Indian languages and Arabic and Urdu is desirable.
- C. Previous knowledge/experience about Haj is desirable.

II. EXPERIENCE

- A. Officers holding posts not below the rank of Deputy Secretary in the Central Government or equivalent rank in State Governments are eligible for the post.
- B. The Officer should have completed 9 years of Group A service.
- C. Officers in the higher pay scale in their parent cadre can also apply.

III. AGE

The applicant should not be above the age of 45 years. Relaxation in age may be considered for suitable experienced officers by the Competent Authority.

IV. Pay Fixation

- A. Pay fixation would be as per the rank of Deputy Secretary/ Director. However, if the pay fixation of the officer posted on deputation to the Haj Committee of India, happens to be lower than the pay the officer would have been entitled to, had they been in their parent cadre and would have drawn that pay but for deputation to HCoI, such difference in the pay shall be protected in the form of Personal Pay.
- B. DA, CCA, HRA etc shall be as admissible to Central Government Officers of the rank of Deputy Secretary/ Director stationed in Mumbai.
- C. The officer on deputation is entitled to draw deputation allowance as per rules applicable.

V. Responsibilities of CEO, HCoI

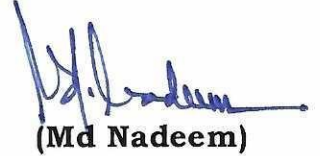
- D. To execute the decisions of the Committee and carry out its directions relating to implementation of such decisions in the day to day performance of his/her duties.
- E. The Chief Executive officer also functions as Ex-Officio Secretary to the Haj Committee of India.
- F. Issuing notices of the meetings of the Committee to its members and recording the minutes of the meeting.
- G. Making satisfactory, logistic & supporting arrangements for Haj Pilgrimage from India to Saudi Arabia.
- H. Holding negotiations with Airlines, Banks etc. for Haj related activities and coordination with the Ministry of Minority Affairs, GoI, State Haj Committees, Consulate General of India, Jeddah and various voluntary organizations, etc.
- I. Handling and supervising financial transactions related to Haj Committee of India, Haj House and Haj arrangements.
- J. Handling and disposal of establishment and administrative matters.

VI. General Guidelines

A. Officers may forward their applications through proper channel along with their Annual Performance Appraisal Report (APAR) for the last five years, **latest by 24.11.2023** at the following address.

Deputy Secretary (Haj)
Ministry of Minority Affairs,
11th floor, Pt. Deendayal 'Antyodaya Bhawan'
New Delhi- 110003

- B. The Cadre Controlling Authority may provide the vigilance clearance, details of previous deputation if any and APARs of the officer for previous 5 years [Annexure I, II, III & IV].
- C. The application of the officer has to be certified by the controlling authority.
- D. Eligible candidates need to submit the application in the prescribed proforma only.
- E. Ministry of Minority Affairs reserves the right to select any candidate.
4. This issues with the approval of the Competent Authority.



(Md Nadeem)

Under Secretary to the Government of India
Ph. 011-24364278

To,

1. All Ministries/Departments, Government of India.
2. Secretaries, Departments of Personnel & Administration, all States/ Union Territories.
3. Director (CS), Department of Personnel & Training with a request to widely circulate the vacancy and to post the advertisement on the website of DoPT.
4. Sr. Technical Director (NIC), MoMA with a request to post the advertisement on the website of MoMA.
5. Dy. CEO (Admin), Haj Committee of India with a request to post the advertisement on the website of HCoI.
6. Spare Copies (Ten)

Annexure I

Application for the post of CEO, Haj Committee of India on deputation basis (to be submitted through proper channel only)

| S. N. | Details of the applicant | Photograph |
|-------|--|------------|
| 1 | Name | |
| 2 | Gender | |
| 3 | Father's name | |
| 4 | Date of Birth | |
| 5 | Age (as on 01.07.2023) | |
| 6 | Date of joining Govt. Service | |
| 7 | Date of Superannuation | |
| 8 | Basic Pay (as on 01.01.2023) | |
| 9 | Present Pay Level | |
| 10 | Present Pay Band + Grade Pay | |
| 11 | Date of Grant of Level 12 or Grade Pay of Rs.7600/- [enclose copy of order] | |
| 12 | Cadre / Service belongs to | |
| 13 | Name of Office / Ministry / Department | |
| 14 | Permanent Address | |
| 15 | Office Address | |

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| 16 | Contact Details (a) Telephone (Office) (b) Fax (Office) (c) Telephone (Residence) (d) Mobile (e) e-mail Address | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|-------------------------|---|----|--|--|---|--|----|--|---|--|--|----|--|--|--|--|--|
| 17 | i. Whether working in parent department/ cadre or is on Central/ State deputation ii. If on deputation, give details -whether debarred from Central / State deputation earlier – Yes/No iii. If Yes, (a) Date from (of debarment) (b) Date to (of debarment) | | | | | | | | | | | | | | | | | | | | | |
| 18 | Details of deputation posts held earlier, if any | | | | | | | | | | | | | | | | | | | | | |
| 19 | Educational Qualifications:- | | | | | | | | | | | | | | | | | | | | | |
| (Please Mention only graduation and above) | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Sr No.</th> <th>Qualification</th> <th>Subject(1) Subject(2)</th> <th>Year/ Division</th> <th>Institution University Place Country</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Sr No. | Qualification | Subject(1) Subject(2) | Year/ Division | Institution University Place Country | 1. | | | | | 2. | | | | | 3. | | | | | |
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| 2. | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Details of trainings:- | | | | | | | | | | | | | | | | | | | | | |
| (Please mention trainings of duration of only more than 1 month) | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Sl. No</th> <th>I. Training Name II. Institute III. Country</th> <th>Training related to specialization Subjects</th> <th>From Date in To Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Sl. No | I. Training Name II. Institute III. Country | Training related to specialization Subjects | From Date in To Date | 1 | | | | 2 | | | | 3 | | | | | | | | |
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|----|---|-----------------|---------------------------------------|----------------------------------|--|------------------|
| 21 | Experience details (please provide up to date experience details) | | | | | |
| | (Please provide up to date experience details) | | | | | |
| | SI. No. | Type of Posting | i. Level/Pay Scale ii. Designation | Ministry Department Office Place | Field experience acquired during the posting (Major & Minor) | Tenure From & To |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

The information furnished above by me is correct.

(Signature)

To be filled by the Cadre Controlling authority

[This should be filled by the Competent Authority of the State Government/ Cadre Controlling Authority]

It is certified that the above information given is correct as per record.

Signature:.....

Name:.....

Designation:.....

Caution: Any information suppressed or falsely given will render the applicant liable to disciplinary action, besides summary rejection of the application.

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY

NAME OF THE OFFICER:

SERVICE:

CADRE:

BATCH:

DATE OF BIRTH:

1. Whether any disciplinary proceedings have been initiated against the officer during his career, so far. If yes, details thereof
2. Whether any complaint including that of corruption, against the officer, which in the view of the State Government/ Cadre Controlling Authority may have a direct bearing / relevance on the vigilance status / integrity of the officer as on date, is pending against the officer. If so, details thereof.
3. Whether any preliminary inquiry or any other vigilance related matter is pending against the officer, If so, full facts of the pending matter.
4. Whether any criminal proceedings were registered against the officer during his career so far. If so, the details / present status and the final outcome thereof.
5. Whether the name of the officer appears in the Agreed List.

(Signature of the officer certifying the Performa)

Name: _____

Designation:-----

Stamp:-----

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY

NAME OF THE OFFICER:

SERVICE:

CADRE:

BATCH:

DATE OF BIRTH:

1. a) Whether the officer has ever been debarred from Central Deputation:
 - b) If Yes, period of debarment
2. Has the Officer been on any deputation before:
3. If Yes-
 1. Date of commencement of deputation
 2. Date of completion of deputation
 3. Date of completion of cooling off

(Signature of the officer certifying the Performa)

Name: _____

Designation:-----

Stamp:-----

TO BE FILLED BY THE CADRE CONTROLLING AUTHORITY

NAME OF THE OFFICER:

SERVICE:

CADRE:

BATCH:

DATE OF BIRTH:

| 1 | Whether APAR Dossier is complete upto 31/03/2023 | | | | | | YES/NO |
|-----------------|---|---|------------------------|---|------------------------|---|------------------|
| 2 | APAR for any year (In the last 5 years) not available in the Dossier (Reason for non- availability or NRC be given) | | | | | | |
| 3 | Adverse entries if any (expunged or unexpunged) in any APAR (s) If Yes, Year- wise details thereof. | | | | | | YES/NO |
| 4 | APAR grading of the last 05 years | | | | | | |
| Year/ Period | Reporting Authority | Name/ Desg. of Reporting Authority | Reviewing Authority | Name/ Desg. of Reviewing Authority | Accepting authority | Name/ Desg. of accepting authority | Final grading |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

(Signature of the officer certifying the Performa)

Name: _____

Designation:-----

Stamp:-----