**In the name of God the most Merciful, the most Compassionate**

  SaudiArabia file number**:**

**Interior Ministry**

Recruitmentmanagement date:**:**

**Application for recruitment for non-Saudi individuals**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | The name of the owner of the medicine / | | Nationality / | Previous nationality / **00** | | Passport number / | History / | Source / | End/ | | Visa number **/** | | Its history | Source / | | Residence number / | History / | Source/ Exit | Its end " | | Religion / | Occupation / | Length of stay in the Kingdom / | Phone / | | Address / | | Monthly income, housing or amount of housing allowance / | | | Sponsor's name / | | Address / | Phone / | |

The **qualifications** **a person** **carries , and is appropriate to the work he does.**

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| --- | --- | --- | --- | --- |
| Fully qualified | Specialization | Duration of study | Release date | Who issued it? |
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**Required to be brought to stay :**

| Name | Nationality | Former nationality | Age | Religion | Connection | Destination and address |
| --- | --- | --- | --- | --- | --- | --- |
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I acknowledge that the above information and attached official papers such as qualifications and travel documents are correct, and if otherwise appear, the penalty shall be carried out in accordance with the forgery system.

|  |  |  |
| --- | --- | --- |
| Name/ | Signature/ | Date/ |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant's Name / Abdulaziz Bin Mohammed Al Bayahi | Sign it / | Contact with the applicant / | Date |
| Address/ | Phone number/ | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Civil Registry No. | |

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| **The result of the study of the application by the researcher** |

**We validate this:**

Sponsor's Name / Sattam Bin Abdulaziz University

|  |
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| ..............................................  ..............................................  ..............................................  Researcher's signature |

Signature /

Official Seal /

|  |
| --- |
| **See the instructions behind the form** |