

# **International Visa Service**

Put The World In Your Passport

## *REQUIREMENTS FOR EMPLOYMENT VISA TO SAUDI ARABIA*

1. Original valid passport (has to be valid for the full term of your contract)
2. Four (4) recent passport size photos in color facing the camera on the white background
3. A completed application form
4. A reference note showing the number and the date of the employment visa issued from the Ministry of Foreign Affairs.
5. Letter from the company in Saudi Arabia sponsoring the applicant. The letter MUST indicate the block visa number, date, position and the name of the person requested.
6. Copy of the electronic power of attorney issued through Enjaz.
7. A copy of the applicants university degree/diploma, which MUST be validated by the Saudi Arabian Cultural Mission (for help with degree verification, see below). Please note that the diploma and position MUST match (for ex: diploma in engineering and position as enginner)
8. A copy of the employment contract signed by both the sponsor and the applicant.
9. Three (3) copies of the medical report. A licensed physician certifying that the applicant is free of any contagious diseases should issue the medical report. The physician must fill out and sign each copy of the medical report (the saying “please see attached” can appear on the medical report. It has to be filled out in full by your doctor.) The physician’s license number and address should appear on each copy of the medical form. Medical reports should be used within three

- (3) months from the date of issuance. Children under the age of sixteen (16) do not need a medical report.
10. Two copies of lab results from the medical report.
  11. Original recent police report with detailed information about applicant's criminal record, if any.
  12. Order Form

### FEES FOR EMPLOYMENT VISAS:

Service fee: \$250.00 – regular process (7-10 business days)  
\$350.00- rush processing (4-5 business days)

Consular fee: \$30.00 – single entry (includes Enjaz online application and payment)

Shipping fee: \$25.00 – FedEx 2 Day delivery, \$35.00 – FedEx Overnight

**\* Please not that it takes 24 hours for the online application and payment to register at the Saudi Consulate. Therefore, the first day of submission does not count as a processing day.**

**UNIVERSITY DIPLOMA AUTHENTICATIONS: we can take care of the authentications for you through the Saudi Cultural Mission. Please see information below with requirements and applications.**

**Please note that all foreign diplomas MUST be verified through the Saudi Cultural Mission in the country where it was issued or the closest country where Saudi Cultural Mission is located.**

صورة

Photo



سفارة المملكة العربية السعودية  
واشنطن  
القسم القنصلي

Royal Embassy of Saudi Arabia  
Washington  
Consular Section

الإسم الكامل:	Last Name:	Middle Name:	First Name:
اسم الأم:	Mother's Name:		
محل الولادة:	Place of Birth:	تاريخ الولادة:	Date of Birth:
الجنسية الحالية:	Present Nationality:	الجنسية السابقة:	Previous Nationality:
رقم الجواز:	Passport No:	محل الإصدار:	Place of Issue:
تاريخ الإصدار:	Date of Issue:	تاريخ انتهاء صلاحية الجواز:	Expiration Date:
الحالة الاجتماعية:	Martial Status:	الجنس:	Sex:
متزوج <input type="checkbox"/> عازب <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>		أنثى <input type="checkbox"/> ذكر <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
الديانة:	Religion:		
المهنة:	Qualification:	المؤهل العلمي:	Profession:
عنوان المنزل ورقم التلفون:	Home Address and Telephone No.:		

البريد الإلكتروني:	E-mail Address:
عنوان الشركة (المؤسسة) ورقم التلفون:	Business Address and Telephone No.:

الغاية من السفر:	Purpose of Travel:
<input type="checkbox"/> شخصية <input type="checkbox"/> خاصة <input type="checkbox"/> دبلوماسية <input type="checkbox"/> حج <input type="checkbox"/> عمرة <input type="checkbox"/> دراسية <input type="checkbox"/> إقامة <input type="checkbox"/> عمل <input type="checkbox"/>	<input type="checkbox"/> Personnel <input type="checkbox"/> Special <input type="checkbox"/> Diplomat <input type="checkbox"/> Hajj <input type="checkbox"/> Umrah <input type="checkbox"/> Student <input type="checkbox"/> Residence <input type="checkbox"/> Employment
<input type="checkbox"/> زيارة عائلة <input type="checkbox"/> حكومية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> تجارية <input type="checkbox"/> سياحة <input type="checkbox"/> مرور <input type="checkbox"/> تمديد عودة <input type="checkbox"/>	<input type="checkbox"/> Family Visit <input type="checkbox"/> Government <input type="checkbox"/> Businessmen <input type="checkbox"/> Commerce <input type="checkbox"/> Tourism <input type="checkbox"/> Transit <input type="checkbox"/> Re-Entry

طريقة الدفع:	Method of Payment: Company Check: [ ] Money Order: [ ]
اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:	Name and Address of Company or Individual invitee in the Kingdom:

معلومات السفر:	Travel Information:
Date of arrival in Saudi Arabia: <input type="text"/> Via Airline: <input type="text"/> Flight No: <input type="text"/>	
City of Embarkation: <input type="text"/> Port of Entry: <input type="text"/>	
Duration of Stay in the Kingdom: <input type="text"/>	

اسم المحرم:	اسم المحرم:
Relationship of the person traveling with:	Name of traveling companion: <input type="text"/>

\*\*\* Application must be filed out its entirety \*\*\*

I, the undersigned, hereby certify that:

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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## MEDICAL REPORT

PHOTO

NAME: \_\_\_\_\_

NATIONALITY: _____	SEX: _____	AGE: _____	MARITAL STATUS: _____
PASSPORT NO: _____	ISSUE PLACE: _____		ISSUE DATE: _____
POSITION APPLIED FOR: _____			

DEAR SIR / MADAM  
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE \_\_\_/\_\_\_/\_\_\_ RECRUITMENT ATTACHE/OR DOCTOR: \_\_\_\_\_

*HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:*

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	TYPE OF LABORATORY INVESTIGATION	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION				(URINE)		
	R. EYE					- SUGAR
	L. EYE					- ALBUMIN
EYE	OTHER					- BILHARZIASIS
	R. EYE					- OTHER
	L. EYE					
EAR	R. EAR			(STOOL)		
	L. EAR					- HELMINTHES
CHEST X - RAY						- SALMONELLA/SHIGELLA
PULMONARY TUBERCULOSIS						- V. CHOLERA
(SYSTEMIC EXAMINATION)						- OTHER
BLOOD PRESSURE				(BLOOD)		
HEART						- HEMOGLOBIN
LUNGS						- MALARIA FILM
ABDOMEN						- OTHERS
(OTHERS)				(SEROLOGY)		
*HERNIA						- HIV TEST
*VARICOSE VEINS						
EXTREMITIES						- F. B. S.
SKIN						- HBSAG/ANTI HCV
(VENEREAL DISEASES)						- L. F. T.
- CLINICAL						- CREATININE
- LAB						- UREA
VDRL						
TPHA				PREGNANCY TEST		

<i>CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:</i>		NO	YES
COMMUNICABLE DISEASES			
MENTAL DISORDER			
MENTAL RETARDATION			
PHYSICAL DISORDERS			
HANDICAP			
PARALYSIS			
BLINDNESS			
HEARING DISORDER			
SPEECH DISORDER			

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS \_\_\_\_\_, WHO IS  
 FIT  UNFIT FOR THE ABOVE MENTIONED JOB.  
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 LICENSE NUMBER: \_\_\_\_\_ STAMP: \_\_\_\_\_

*THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:*

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	

**INTERNATIONAL VISA SERVICE**

**NEW!** 44081 Pipeline Plaza, Suite 210

Ashburn VA 20147

Tel: 703-726-0300 E-mail: cs@ivsdc.com



**IVS Order Form**

**Applicant Information**

<b>Traveler One (1):</b>		
First Name:	Last Name:	M.I.:
<b>Traveler Two (2):</b>		
First Name:	Last Name:	M.I.:

**Services Requested (check all that apply)**

US Passport Services:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> 2 <sup>nd</sup> Passport	<input type="checkbox"/> Name Change	<input type="checkbox"/> Lost
Visa Services:	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> Employment	<input type="checkbox"/> Residence	<input type="checkbox"/> Family Visit
Type of Visa (entries):	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Multiple	<input type="checkbox"/> Not Sure	
Country/Countries:			Processing Speed Requested:		
Date of Departure from USA:			Date Needed in Your Hands:		

**Additional Services**

Trip Registration	<input type="checkbox"/> YES	<input type="checkbox"/> No	Fee: \$15 (covers US Embassy registration for your trip. Add Trip Reg. Application).
Passport Protection	<input type="checkbox"/> YES	<input type="checkbox"/> No	Fee: \$25 (covers lost/stolen/damaged passport replacement up to 3 years from the date of issue. Does not include government, post office and shipping fees). For passport orders only.

**Shipping Information (where to ship your paperwork back)**

Shipping Method:	<input type="checkbox"/> FedEx Overnight	<input type="checkbox"/> FedEx 2 Day	<input type="checkbox"/> Use My Label/FedEx Account #:		
Shipping Address: (no PO BOX)	Company:		Name:		
	Street Address:				
	City:		State:	Zip Code:	
	E-mail:		Phone Number:		

**Contact Information (for questions, status updates, additional requests, etc)- this is NOT your emergency contact**

Name:		Relationship to Applicant:	
Phone #:		E-mail:	

**Payment Information**

Form of Payment	<input type="checkbox"/> Check (company or personal)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Credit Card Info:	Card Number:		Exp. Date:		
	Cardholder's Name:				
	Billing Address:				
Authorization to Charge:	Signature:		Date:	Amount: \$	

Please send all required documents for processing to the address above. Service and embassy fees are non-refundable and are subject to change without notice. IVS is not responsible for any policy changes at the Passport Agency or any of the Embassies as well as delays, damages or loss of documents resulting from the actions of the Passport Agency, any Embassies, FedEx or postal services. By sending this order form, you agree to receive occasional e-mails from IVS with important updates and announcements.



# **International Visa Service**

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## *REQUIREMENTS FOR DIPLOMA VERIFICATION FOR SAUDI WORK VISAS*

**Please note that all foreign diplomas MUST be verified through the Saudi Cultural Mission in the country where it was issued or the closest country where Saudi Cultural Mission is located.**

**In order for your diploma to be verified, your university/college has to appear in the Saudi Cultural Mission database. To check if your university appears in the system, please visit: <http://www.sacm.org/Departments/contactinfo.aspx>. If IVS receives your paperwork and your university is not in the system, processing fees are non-refundable. IVS does not perform system checks prior to receiving your documents.**

### Saudi Cultural Mission Verification of the University Degree

Documents required:

- 1) Application (see below)
- 2) Consent to verify degree for the University (see below)
- 3) Copy of the applicant's US passport
- 4) Copy of the employment contract
- 5) Copy of the diploma
- 6) Original transcript from University (must be in sealed envelope)
- 7) Receipt from degreeverify.com (if your school does not participate in the degreeverify.com program, a verification letter is required- see item #8)
- 8) Verification letter from the University's Registrar's Office: must include applicant's Social Security number, School ID, contact information for someone at the registrar's office and statement that all courses/classes were taken on campus and not online. (required only if your school/university does not participate in the degreeverify.com program)
- 9) Distance Learning Form (see below. Applies only to degree issued after 2000). Please have one of the University staff fill out the form, sign and put university stamp on the letter. This form can be mailed in a sealed envelope just like your transcripts
- 10) Order Form (see below)

Fees: \$150.00 per diploma

Processing time: 5-7 business days

Shipping: \$35 for FedEx Overnight

**PLEASE FILL OUT THE APPLICATION AND CONSENT ON THE NEXT PAGE AND  
INCLUDE WITH YOUR DIPLOMA PAPERWORK!**

44081 Pipeline Plaza, Ste 210, Ashburn, VA 20147  
(855) 371-1487, (703) 726-0300, fax (703)  
726-0322 E-mail: [cs@ivsdc.com](mailto:cs@ivsdc.com)

## **Application**

To Saudi Cultural Mission:

- 1) Name:
- 2) Social Security #:
- 3) Name of the courier Agency: International Visa Service
- 4) Name of the employer:
- 5) Name of the University
- 6) Registrar's Office Telephone number:
- 7) I, **<name of the applicant>** authorize a representative of the International Visa Service to act on my behalf to help in the process of authentication/verification of my university degree for the purpose of **<state your reason>**. I authorize Saudi Cultural Mission to verify my degree.

**Signature**

**Name**

**Date**

CONSENT TO RELEASE EDUCATIONAL RECORD INFORMATION

I, THE UNDERSIGNED HEREBY AUTHORIZE THE SAUDI CULTURAL MISSION TO THE USA TO OBTAIN ANY INFORMATION CONTAINED IN MY EDUCATIONAL RECORDS FROM ANY EDUCATIONAL INSTITUTION THAT I AM ATTENDING OR HAVE ATTENDED.

NAME:

SIGNATURE:

DATE OF BIRTH:

SCHOOL ID:

SOCIAL SECURITY NUMBER:

E-MAIL:



**Distance Learning Form**

Name of the Student: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Confer Date: \_\_\_\_\_

1. Did the Student earn their degree entirely through traditional, face-to-face coursework\*?  Yes  No
2. Was coursework completed only on the main campus\*\*?  Yes  No

\*If not, did the student complete any coursework through distance/online, hybrid, web-based, web-enhanced, or web-enabled classes? If so, please list the courses in the chart below.

Course Title	# of Credit Hours	*Course Type	% of Course Completed Online			
			(25%	50%	75%	100% )

\*\*If the student did not study on the main campus, please clarify:

**University Point-Of-Contact Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_