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 the Ministry of Foreign Affairs and notarized in Saudi Arabia.
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, $30.00 *– 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

First Name: **Middle Name:** **Last Name:**			الإسم الكامل:
Mother's Name:			إسم الأم:
Date of Birth:	تاريخ الولادة:	**Place of Birth:**	محل الولادة:
Previous Nationality:	الجنسية السابقة:	**Present Nationality:**	الجنسية الحالية:
Place of Issue:	محل الإصدار:	**Passport No:**	رقم الجواز:
Expiration Date:	تاريخ انتهاء صلاحية الجواز:	**Date of Issue:**	تاريخ الإصدار:
Sex: Female ☐ Male ☐	الجنس: ذكر ☐ أنثى ☐	**Martial Status:** Married ☐ Single ☐	الحالة الاجتماعية: متزوج ☐ عازب ☐
Religion:			الديانة:
Profession:	المؤهل العلمي:	**Qualification:**	المهنة:
Home Address and Telephone No.:			عنوان المنزل ورقم التلفون:
E-mail Address:			البريد الألكتروني:
Business Address and Telephone No:			عنوان الشركة (المؤسسة) ورقم التلفون:

Purpose of Travel: الغاية من السفر:

☐ Employment عمل	☐ Residence إقامة	☐ Student دراسية	☐ Umrah عمرة	☐ Hajj حج	☐ Diplomat دبلوماسية	☐ Special خاصة	☐ Personnel شخصية
☐ Re-Entry تمديد عودة	☐ Transit مرور	☐ Tourism سياحة	☐ Commerce تجارية	☐ Businessmen رجال اعمال	☐ Government حكومية	☐ Work Visit زيارة عمل	☐ Family Visit زيارة عائلة

Method of Payment: Company Check: [ ] Money Order: [ ] طريقة الدفع:

Name and Address of Company or Individual invitee in the Kingdom: اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:

Travel Information: معلومات السفر

Date of arrival in Saudi Arabia:	**Via Airline:**	**Flight No:**
City of Embarkation:	**Port of Entry:**	
Duration of Stay in the Kingdom:		

صلته: **Name of traveling companion:**	اسم المحرم: **Relationship of the person traveling with:**

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

I, the undersigned, hereby certify that:

- 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.

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزما بقوانين المملكة أثناء فترة وجودي بها.

Name: الإسم:	**Signature:** التوقيع:	**Date:** التاريخ:

601 New Hampshire Ave, N.W. Washington, D.C. 20037.● Telephone (202) 944-3126 ● Fax (202) 337-4084 ● www.saudiembassy.net

MEDICAL REPORT نموذج تقرير طبي

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		R. EYE			(URINE)		
		L. EYE			- SUGAR		
EYE					- ALBUMIN		
	OTHER	R. EYE			- BILHARZIASIS		
		L. EYE			- OTHER		
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		

CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:	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.
(1)

AUTHORIZED SIGNATURE :

STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)

DEPARTMENT OF HEALTH
(2)

SUBMIT TO THE CONSULAR SECTION THREE ORIGINALS COPIES OF THIS MEDICAL REPORT AND TWO COPIES OF ALL RESULTS OF THE MEDICAL TESTS.
DO NOT SUBMIT X-RAYS AS THOSE MUST BE PRESENTED TO THE HEALTH AUTHORITIES IN SAUDI ARABIA ALONG WITH ONE CLEAR COPY OF THIS REPORT AND ALL TEST RESULTS.

INTERNATIONAL VISA SERVICE

20365 Exchange Street, Suite 250
Ashburn VA 20147

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

IVS Order Form

Applicant Information		
Traveler One (1):		
First Name:	Last Name:	M.I.:
Date of Birth (mm/dd/yy):	Passport Number:	
Traveler Two (2):		
First Name:	Last Name:	M.I.:
Date of Birth (mm/dd/yy):	Passport Number:	

Services Requested (check all that apply)					
Document Authentication:	Country:		Type of Document:		
Passport Services:	☐ New	☐ Renewal	☐ Add Pages	☐ 2nd Passport	☐ Name Change
Visa Services:	☐ Tourist	☐ Business	☐ Employment	☐ Residence	☐ Family Visit
Type of Visa (entries):	☐ Single	☐ Double	☐ Multiple	☐ Not Sure	
Country/Countries:			**Processing Speed:**		
Date of Departure from USA:			**Date Needed in Your Hands:**		

Shipping Information (where to ship your paperwork back)			
Shipping Method (check one):	☐ **FedEx Overnight**	☐ **FedEx 2 Day**	☐ **Use My Label/FedEx Account #:**
Shipping Address (no PO BOX):	**Company:**	**Name:**	
	Street Address:		
	City:	**State:**	**Zip:**
	Phone Number:	**E-mail:**	

Contact Information (for questions, status updates, additional requests, etc)			
Name:		**Relationship to Applicant:**	
Phone #:		**E-mail:**	

Payment Information					
Form of Payment (check one):	☐ **Check (company or personal)**	☐ **Visa**	☐ **MasterCard**	☐ **Discover**	☐ **AMEX**
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 any delays, damages or loss of documents resulting from the actions of US Passport Agency, any Embassies, FedEx, UPS or postal service.

PLEASE DO NOT WRITE BELOW THIS LINE (FOR OFFICIAL USE ONLY)

IN:

OUT:

International Visa Service

Put The World In Your Passport

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 receiveing 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 envelepe just like your transcripts
10) Order Form (see below)

Fees: $150.00 per diploma
Processing time: 5-7 business days
Shipping: $30 for FedEx Overnight

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

20365 Exchange Street, Ste 250, Ashburn, VA 20147
(855) 371-1487, (703) 726-0300, fax (703) 726-0322
E-mail: 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

20365 Exchange Street, Ste 250, Ashburn, VA 20147
(855) 371-1487, (703) 726-0300, fax (703) 726-0322
E-mail: cs@ivsdc.com

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:

20365 Exchange Street, Ste 250, Ashburn, VA 20147
(855) 371-1487, (703) 726-0300, fax (703) 726-0322
E-mail: cs@ivsdc.com

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: _____