



AL-HIND FOREIGN SERVICE AGENCY

No. 73, Main Road, Near State Bank, Zakir Nagar, Okhla, New Delhi - 110025 (India)

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FOR OFFICIAL USE ONLY

ENR No: _____ Date: _____ CODE: _____

POSITION APPLIED FOR:

Photo

Full Name _____

Father / Spouse Name _____ Marital Status _____ Sex _____ Religion _____

Place of Birth _____ Date of Birth _____ Age: _____ yrs Nationality _____

Address : _____

Phone No: _____ Mobile No: _____ Email: _____

Passport No: _____ Place of Issue: _____ Date of Issue: _____ Date of Expiry: _____

EDUCATIONAL QUALIFICATION

Degree Name	Specialisation / Subject	University Name / Place Graduation	Date of Graduation (Date/Month/Year)

EXPERIENCE DETAIL

Total Years of Experience _____

S#	Employer's Detail	Department	From (Date/Month/Year)	To (Date/Month/Year)
1				
2				
3				
4				

DECLARATION

- A. I hereby declare, that all the information given above is true and genuine.
 B. I authorize, M/s AL-HIND FOREIGN SERVICE AGENCY to submit my original certificates (Educational Certificate & Work Experience) for verification from the issuing university and Attestation from the Ministry of External Affairs, Cultural Attaché Office and Royal Embassy of Saudi Arabia, for the purpose of visa endorsement.
 C. I hereby declare, that after selection/issue of my visa/visa endorsement in my passport, if for any reason I cannot travel to country of my employment, I will be liable to pay the consultancy and visa cancellation service charges as per commitment & wait till the authorities cancel the visa.
 D. I hereby declare, that I will be fully responsible if I resign my current job in India after applying for overseas employment and if for any reason employer wants to cancel the visa, then that agency is not responsible, and the money expenditure on Government fees is not refundable.
 E. I hereby declare, that I have read and understand the above and have been explained to me properly.

Date: _____

Signature: _____

For Official Use only:

☐ Accepted _____
☐ Rejected _____

Interviewer Name : _____ Signature : _____ Date : _____