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| **INFORMATION REQUIRED FOR SAUDI ARABIA VISA APPROVED APPLICATION** |
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| PURPOSE OF VISIT: |   **SAUDI DERM JAN-2020** |
| NAME AS PER PASSPORT:(***ALL CAPS ONLY***) |   |
| PASSPORT NUMBER: |   |
| PASSPORT ISSUING PLACE: |   |
| PLACE OF BIRTH: |   |
| NATIONALITY: |   |
| DATE OF BIRTH: |   |
| RELIGION: |   |
| JOB TITLE: |   |
| WORK PLACE(***NAME IF UNIVERSITY, HOSPITAL or INSTITUTE***) |   |
| MOBILE NUMBER: |   |
| EMAIL ADDRESS: |   |
| NEAREST SAUDI EMBASSY:(***FROM WHERE YOU WILL PROCESS THE VISA***) |   |
| **Passport Scan Copy First Full Page ( No Mobile Images or Whats App images)** |

***IMPORTANT NOTE:***

***PLEASE FILL UP ALL FIELDS OF THIS FORM AND RETURN IN SAME WORD FORMAT.***

***PDF OR JPEG OF THIS INFO SHEET WILL BE REJECTED AUTOMATICALLY.***