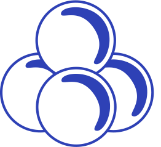
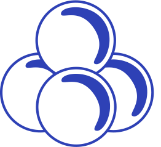
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**Avicenna Pharmaceutical Company**

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| **Application Form**  **Form Number: (HR-Form/SOPR: 001/02 /01)** | | | | | | | | | | | Issue Date: June 22, 2011 | |
| Revision Number: 02 | |
| Revision Date: April 21, 2023 | |
| **Name: Last Name:**  **Father's Name: Father's Occupation:**  **ID No: Place of Birth: Date of Birth:**  **Marital Status: Status and Date of Military Service:**  **Residence address:**  **Phone: Housing:** 🞏 **Owner** 🞏 **Tenant** | | | | | | | | | | | | Applicant's Information |
| **Name: Last Name: Place of Birth:**  **Date of Marriage: Number of Children: Occupation:**  **Address and Telephone No. of Present Workplace:** | | | | | | | | | | | | Spouse's Information |
| Description | End Date | | Location | | Institution | | Average | | Field | **Type of Certificate** | | Educational Status |
|  |  | |  | |  | |  | |  | **Diploma** | |
|  |  | |  | |  | |  | |  | **Technical Degree** | |
|  |  | |  | |  | |  | |  | **Bachelor's degree** | |
|  |  | |  | |  | |  | |  | **Master's degree** | |
|  |  | |  | |  | |  | |  | **Doctorate** | |
| Please write your jobs from the last job and in chronological order. | | | | | | | | | | | | Experience Records |
| Description | | Last salary | | Up to date | | From date | | Position | | **Company or**  **Organization Name** | |
|  | |  | |  | |  | |  | |  | |
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| Description | | To | | From | | Certificate | | | | **Institution** | | Language and Computer Skills |
|  | |  | |  | |  | | | |  | |
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**Avicenna Pharmaceutical Company**

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| **How did you come to know about our company** 🞏 Advertising 🞏 Friends/Relatives  **Are any of your relatives currently working in Avicenna?** 🞏 Yes 🞏 No  If yes, Company Name: Dep. Name: Employee profile: | | | | | | | | | Guarantors |
| Please introduce three of your second degree relatives or acquaintances. | | | | | | | | |
| Address | | Tel. No. | Occupation | | | Relation | First and Last Name | |
|  | |  |  | | |  |  | |
|  | |  |  | | |  |  | |
|  | |  |  | | |  |  | |
| Please declare your requested salary per month (refrain from stating “according to agreement”: | | | | | | | | | Salary |
| I ................................................................ confirm the accuracy of the above information  Signature………….…………………………….. Date…………………………………….. | | | | | | | | | |
| Human Resources Evaluation:  Signature………….…………………………….. Date…………………………………….. | | | | | | | | | |
| Relevant Experience | Motivation and Interest | | | Physical Evaluation | | | | Character Evaluation | |
| Departments Manager Evaluation:  Signature………….…………………………….. Date…………………………………….. | | | | | | | | | |
| Senior Management Evaluation:  Signature………….…………………………….. Date…………………………………….. | | | | | | | | | |
| End Date of Trial Period: | | | | | Start Dat of Trial Period: | | | | |