



معهد الدراسات الاستشارية  
Institute of Consulting Studies

Executive Contract to Request Consultancy Service

To be filled by the applicant	<b>1. Data of Applicant</b>						<b>Date</b>	___/___/___
	Name of Applicant						City	
	P.O. Box		Postal code		Tel.		Fax	
	Name of the person authorized to sign						Job title	
	Mobile No.		E-mail		Signature			
	<b>2. Consulting Service</b>							
	( )	Provision of medical services: <i>(The nature of the consultancy requested should be stated and the number of days and working hours per week should be mentioned)</i>						
	( )	Provision of consultancy services				( )	Provision of educational services	
	( )	Other: _____						
	Duration of consultancy				( ) Days		( ) Months	
Start date		___/___/___		End date		___/___/___		
The consultant's reward		SR. ( ) per	( )	Day	( )	Month	( ) Invoice System	
( )	The reward received by the consultant from the beneficiary				( )	The reward received by consultant from the University		
( )	The University's dues shall be paid by the beneficiary (15%) as per a bank remittance to the University's bank account at the National Commercial Bank (NCB) – SA 37-1000-0005-2902-9300-0100							

To be filled by the consultant	<b>3. Data of the faculty member who will provide the consultancy</b>							
	Full name of the faculty member (the consultant)							
	Department				College			
	Specialty				Employee No.			
	Position:		( ) Assistant Professor		( ) Associate-Professor		( ) Professor	
	Email:				Mobile No.		Signature	

Endorsement of the concerned college administration	Endorsement of the above-mentioned faculty member who should carry out all his/her academic duties at the University.						( ) Endorsed	( ) Not endorsed
	Chairman of the Department				Dean of the College/Hospital Director			
	Name				Name			
	Signature				Signature			



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Approval of the Dean of Institute of Consulting Studies	
Approval	Dean of the Institute of Consulting Studies
	Prof. Abdulkarim K. Alhowaish
	Signature

General Provisions
<p>Upon applying for or seeking the renewal of a consultancy service provided by a part-time faculty member, the applicant shall observe the following:</p> <ol style="list-style-type: none"><li>1. Clearly state the nature of the consultancy requested, the days and timings of working hours during the week.</li><li>2. Formal and moral commitment with the timings of working days and hours to guarantee the rights of the University and to avoid assigning the consultant to duties during the official working hours, whatever the reason.</li><li>3. Neither to assign the consultant to works that negatively affect the performance of his/ her official work as IAU faculty member nor to assign him/her to duties which are contrary to his/ her professional integrity.</li><li>4. Neither to delegate the consultant outside his/ her main place of work or outside the Kingdom of Saudi Arabia nor to ask him / her to attend scientific events without a prior consent from the University.</li><li>5. Submit an annual report on the performance of the part-time consultant and provide justifications for requesting the renewal of his/ her contract.</li><li>6. Provide training opportunities for some undergraduate students and postgraduate students of IAU (as well as the University intern physicians) and allow the University researchers to use any research capabilities or opportunities available in the applicant's premises.</li><li>7. Pay the equivalent of 15% of the consultant's reward to IAU Institute of Consulting Studies. This amount shall be paid in installments which are equal value and duration.</li><li>8. The above-mentioned percentage shall be paid as per a bank remittance to the official IAU account of the consulting studies (SA 37-1000-0005--2902-9300-0100).</li><li>9. If the above-mentioned commitments are not strictly observed, the University has the right to stop its faculty member from working as a part time -consultant for the applicant.</li></ol>