**Individual Recruitment**

Nepali citizens already working in the Kingdom of Bahrain can attest entry work visa and employment contract of their close family members/relatives (father, mother, brother, sister, husband, wife, only) from the Embassy. The applicant himself needs to be present with the following documents.

|  |
| --- |
| **1. Document related to the relative in Bahrain** |
| 1. Citizenship Certificate (Original and Copy)   ( नागरीकता फोटोकपी अगाडि/पछाडि ) |
| 1. Passport (Original and Copy)   (पासपोर्ट सक्कल तथा फोटोकपी अगाडि/पछाडि)   1. Bahraini CPR Copy with details   (विवरण सहितको सिपिआर फोटोकपी अगाडि/पछाडि)   1. Valid work residence permit (Copy)   (भिषा स्टिकर फोटोकपी)   1. Relation Verification Certificate or Marriage Certificate etc.   (Attested by Consular Services Department, Kathmandu- Original and Copy)  (कन्सुलर विभाग, काठमाण्डौबाट प्रमाणित विवाह दर्ता तथा नाता प्रमाणित) |
|  |
| **2. Documents related to the relative in Nepal** |
| 1. Citizenship (Photocopy)   (नागरीकता फोटोकपी अगाडि/पछाडि) |
| 1. Passport (Photocopy)   (पासपोर्ट फोटोकपी अगाडि/पछाडि) |
| **3. Company related Documents** |
| a. Employment Contract/Agreement to be attested by Bahrain Chamber of Commerce |
| b. New Visa Copy |
|  |
| c. CR copy of Company |
| d. Sponsor’s CPR copy |
|  |
|  |

Date:

**Employment Contract/Agreement**

This is to state that Mr. /.Ms………………………………………., bearer of Nepali Passport

No. ……………………. has been offered a job (………………….) in my company

( ) under the following terms and conditions.

1. Designation for the job :

2. Basic Salary : BD

3. Working hours : 8 hours per day and 6 days a week.

4. Over time : In accordance with the Labor Law of the Kingdom of Bahrain.

5. Probation Period : Three months (As per the Law of the Kingdom of Bahrain).

6. Annual Leave : all employees are entitled to 30 days leave annually (i.e. 2 ½ days per month)

7. Food : Provided by the Company/Employer or provision of allowance BD ------

8. Accommodation : Provided by the Company/Employer.

9. Workmen's compensation Insurance: Provided by the Company at its cost

10. Transportation : Provided by the Company/Employer.

11. Air Passage : joining and return ticket provided by the company

12. Visa & Others fees : Provided by the Company/Employer.

13. Medical : Provided by the Company.

14. Period of Contract : Two Years (Renewable).

15. Other terms and conditions such as leave salary, indemnity etc shall be subject to the Labour Law of the Kingdom of Bahrain.

Employer Employee

Signature : Signature Name : Name Designation: Address: Name of the Company: Passport No. :

CR/CPRNo.: Citizenship No. Telephone No.: Telephone No. : Mobile No. :

मिति:

श्री महामहिम राजदूतज्यू,

नेपाली राजदूतावास

मनामा, बहराइन ।

**विषय सिफारिस गरिदिनुहुन ।**

महोदय,

उपरोक्त सम्बन्धमा मेरो निवेदन यो छ कि म बिगत ........ बर्षदेखि बहराइनमा कार्यरत रहिआएको छु । हाल मैले मेरो रोहवरमा मेरो एकाघरको तल उल्लेखित नाता पर्ने व्यक्तिलाई रोजगारीको निम्ति बहराइन ल्याउन चाहेको छु । यस कम्पनिले भनेबमोजिम सेवा सुविधा तथा तलब भत्ता नदिएमा साथै अन्य कुनै भैपरीआउने समस्याको लागि म पूर्ण जिम्मेवार छु । उल्लेखित व्यहोरा ठीक साँचो हो, झुटो ठहरिए कानुन बमोजिम सहुँला बुझाउँला भनि तपसिल बमोजिमका कागजात सहित यो निवेदन पेश गरेको छु । श्रीमानको जो आदेश ।

**आउने व्यक्तिको विवरण**

नाम:

स्थायी ठेगाना:

पासपोर्ट नं.:

संपर्क नं.:

पेशा :

कम्पनिको नाम:

कम्पनिको संपर्क नं.:

ल्याउने व्यक्तिसंगको नाता:

**ल्याउने व्यक्तिको विवरण**

नाम:

स्थायी ठेगाना:

पासपोर्ट नं.:

सिपिआर नं.:

संपर्क नं.:

कार्यरत कम्पनिको नाम:

कार्यरत कम्पनिको संपर्क नं:

आउने व्यक्तिसंगको नाता:

हस्ताक्षर:

To,

Embassy of Nepal, Manama

Kingdom of Bahrain

**Ref:- Guarantee Granted**

Dear Sir,

With respect to aforesaid reference, I, undersigned, hereby for Nepali workers arriving in the Kingdom of Bahrain express my consent that the company shall bear all the expenses including Covid-19 test and for home isolation as per the health protocol made mandatory by the Government of Kingdom of Bahrain. It will be sole responsibilities of my company to provide the employees with required assurances before they are declared fit by the Ministry of Health, Kingdom of Bahrain to resume their job in the Kingdom.

Name:

Designation:

CR Number:

Mobile:

Date:

On behalf of ------Company

(Seal and Signature)