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| **Ministry of Higher Education**  **Al Jouf University**  Recruitment Department | photo.jpg (408×410) | وزارة التعـلـيم العــالــــيجامعــــة الــجوفالإدارة استقطاب |
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| application for appointment | | | | | | | | | | | | | | | | | | | | | | | | **Photo g**1616**oes here** | | | | |
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| **1. GENERAL** | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applied for: | | | | Associate professor. | | | | | | | | | | | | | | | | | | | |  | | | | |
| Field of Specialization: | | | | Pharmaceutical Chemistry | | | | | | | | | | | | | | | | | | | |  | | | | |
| Date of Availability for Al Jouf Employment: | | | | | | | | September/ 2019 | | | | | | | | | | | | | | | |  | | | | |
| Name of Applicant: | Mohammed Taha El-Saadi | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | 15/4/1976 | | | | | | | | Place of Birth: | | | | | | Beni-Suef | | | | | | | Egypt | | | | | |
|  | | | | | | | | | | | | | | (city) | | | | | | | | (country) | | | | | |
| Citizen of: | 6-October city | | | | | | | | | | | | |  | Beni-Suef | | | | | | | | | | | | | |
| (At Present) | | | | | | | | | | | | |  | (At Birth) | | | | | | | | | | | |
| Present Address: | Compound family land/ 6-October/ Giza/Egypt | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail: | [Moh1\_ttaha@yahoo.com](mailto:Moh1_ttaha@yahoo.com). Mohamed.elsaadi@pharm.bsu.edu.eg | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Nearest Airport: | | | | | Cairo International Airport | | | | | | |  | | | | | | |  | | |
| Telephone: Residence: | | | 0238267264 | | | | | | | | | | | | | Business: | | 082317958 | | | | | | | | | | |
| Permanent Address: | | | Compound family land/ 6-October/ Giza/Egypt | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skype ID: https://secure.skype.com/portal/overview | | |
|  | | | | | | | Nearest Airport: | | | | Cairo International Airport | | | | | | | | |  | | | | | | | | |
| Telephone: Residence: | | 0238267264/ 01028725954l/ 01144695905 | | | | | | | | | | | | | | Business: | | 082317958 | | | | | | | | | | |
| Point of Origin: (Place of residence according to Passport): | | | | | | | | | | Beni-Suef | | | | | | | | | | | | | | |  | | | |
| Father's Name | | | Taha | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you applied for a job at Al Jouf University before? If yes, when? | | | | | | | | | | | | | No | | | | | | | | | | | | | | | |
| Were you interviewed? | | | | | No | | | | | | | | If yes, when? | | | |  | | | | | | | | | | | |
| Have you ever worked at Al Jouf? | | | | | No | | | | | | | | If yes, when? | | | |  | | | | | | | | | | | |
| Indicate briefly why you are interested in Al Jouf Employment? | | | | | | | | | | | | | I am looking forward to join the teaching team in the college of pharmacy Al Jouf University because of the available facilities and the infra structure found in the university In addition, I am looking forward to implement several research ideas in Pharmaceutical chemistry field through collaboration with the researches there. | | | | | | | | | | | | | | | |
| Names of relatives employed by this University: | | | | | | | | | | | | | I have no relatives employed by this University. | | | | | | | | | | | | | | | |
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| **Recruitment Department , P.O. Box 2410, Sakaka, Al Jouf, Saudi Arabia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **.** Telephone: 00966 (14) 6247493. Fax: 00966 (14) 6247493 E-mail: [recruit\_pharm@ju.edu.sa](mailto:recruit_pharm@ju.edu.sa) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. EDUCATION** | | | | | | | | | | | | | | | | | | | | | | |
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| Last degree completed: | | | | phd | | | | | | | | | Is degree honorary or earned? | | | | | earned | | | | |
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| Name and address of institution: | | | | | | Faculty of pharmacy/ Beni-Suef University. | | | | | | | | | | | | | | | | |
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| Languages spoken (Other than English) | | | | | | | Arabic | | | | | | | | | | | | | |
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| Type of  **institution** | | NAME OF INSTITUTION  **& LOCATION**  **City/Country** | | | | | |  | | | | | | | | **Graduated** | | **Certificate,**  **Degree, or**  **Other earned** | | | **Subject(s) of**  **(Major/Minor)** | | |
| Attended from | | | | **to** | | | |
| **Month** | **Year** | | | **Month** | | | **Year** |
| **Secondary/**  **High School** | | Dr/Gaber Gad Secondary School.  Beni-Suef | | | | | | September | 1992 | | | September | | | 1994 |  | |  | | |  | | |
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| **College or University** | | College of Pharmacy  Beni-Suef University. | | | | | | September | 1995 | | | May | | | 1999 | Excellent | | Bachelor Of Pharmaceutical Sciences. | | |  | | |
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| Vocational/  **Military**  **or any other**  **Institution** | |  | | | | | |  |  | | |  | | |  |  | |  | | |  | | |
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| **Title of Thesis with degree (attach abstract)**  **Master Degree**.  **Title**: Synthesis of Some Fused Pyrimidine Derivatives of Anticipated COX Inhibitory Activity  **Abstract**: a new series of pyrimido[1,6-a]azepine derivatives (I,II) substituted in the polymethylene ring by a morpholine or piperidine moiety were synthesized according to a known procedures. Additionally, the tricyclic pyrimido[4/,5/:4,5]pyrimido[1,6-a]azepine derivatives (III) were synthesized through acylation of the corresponding enaminonitriles (II) using chloroacetyl chloride, oxalyl chloride, and 4-chlorobuteryl chloride. Finally, the tetracyclic pyrrolo[2”,1”:2’,3’] pyrimido[4/,5/:4,5] pyrimido[1,6-a]azepine derivatives (IV) were synthesized through refluxing the corresponding tricyclic counterparts with different amine. The anti-inflammatory activity of 18 newly synthesized derivatives was evaluated using diclofenac-Na as standard drug. It was found that all the evaluated derivatives have significant activity at P<0.05 and also 4 derivatives showed potential anti-inflammatory activity compared with the standard drug. Molecular modeling and SAR study was carried out to correlate the influence of structure changes on the activity.  **Phd Degree.**  **Title**: Synthesis of some pyrimidine derivatives of potential anti-inflammatory activity.  **Abstract:**  New series of pyrimido[1,6-a]azepines were prepared through reaction of the key amino compound 4 with various reagents to give a variety of 3-N-substituted amino derivatives 5-13. The synthesized compounds included the Mannich bases 5a-c, the formimidic acid ester 6, the phenylformamidines 7a-c, the benzylidine amino derivatives 8a-c, the acetic acid derivatives 9, 10a-c and 11, the carbamoylformates 12a,b and the amides 13a,b. All compounds were screened for their anti-inflammatory activity using the carrageenan-induced paw oedema in rats using diclofenac sodium as reference drug. In addition, ulcer indices for the most active compounds were calculated. Compounds 3, 4, 8a,c, 11 and 12a,b showed activity similar to or higher than diclofenac sodium with no or minimal gastric ulceration. The most active compound with no ulcerogenic effect is the amino derivative 4 (IC 50 = 6.61 mmol/kg) | | | | | | | | | | | | | | | | | | |  | | | | |
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| **3. RESEARCH, PUBLICATIONS & PROFESSIONAL ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **(Provide following information in figures and attach lists with full details)** | | | | | | | | | | | | | | | | |  | | | |
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| Papers published in refereed journals ( 26 ) | | | | | | | | | | | | | | Papers published in other Periodicals ( ) | | | | | | | | | |
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| Research Projects completed ( 1 ) | | | | | | | | | | | | | | Research Projects in Progress ( 2 ) | | | | | | | | | |
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| Books Published ( ) | | | | | | | | | | | | | | Books in Progress ( ) | | | | | | | | | |
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| Seminars Attended ( 10 ) | | | | | | | | | | | | | | Participation in Univ./Dept./Thesis Committees ( 4 ) | | | | | | | | | |
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| Membership in or Affiliation with Professional Societies: | | | | | | | | | | | Member of the General Syndicate of Pharmacists of Egypt since1999 | | | | | | | | | | | | |

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| **4.PREVIOUS EXPERIENCE** | | | | | | | | | | | | | | | | |
| Current position: Head Of Pharmaceutical Chemistry Department- Faculty of Pharmacy – Beni-Suef University.  List present or last position first and continue in reverse chronological order. | | | | | | | | | | | | | | | | |
| **Name & Address of Employer** | | | **Position**  **Or Rank** | | | From | | | To | | | Last **Annual**  **Salary** | | | | Reason for change |
| **Month Year** | | | **Month Year** | | |
| Pharmaceutical Chemistry | | | Head of Department. | | | May/2017 | | | Till now | | |  | | | |  |
| NMR Lab | | | Financial Manager. | | | May/2015 | | | Till now. | | | 6000 LE. | | | |  |
| Quality assurance Unit | | | Deputy director | | | May/2011 | | | May/2015 | | | 6000LE | | | |  |
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| In addition to present salary in your current employment, show total monetary value of all employer-paid benefits and allowances. | | | | | | | | | | | | | | | | |
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| Show total financial compensation earned per year for consulting fees, honoraria, etc. | | | | | | | | | | | | | | |  | |
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| **5.HEALTH & PERSONAL INTERESTS** | | | | | | | | | | | | | | | | |
|  | | Height: | | 172cm | | | |  | | Weight: | | | | 92Kg | | |
| 1. Details of any past or present mental or | | | | | | | |  | | | | | | | | |
| Physical disability or serious illness. | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| 2. Your interest in extracurricular activities: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| 3. Have you ever been convinced for involving yourself in any criminal, political or other activities? If any | | | | | | | | \_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| **6. REFERENCES** | | | | | | | | | | | | | | | | |
| (List four persons, including your present employer, to whom we may write about you) | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | Address | | | | | | | | | |
| 1. | Prof , Dr. Samir El-Moghazy | | | |  | | Faculty of Pharmacy- Cairo University | | | | | | | | | |
| 2. | Prof. Dr. Hamdy Mohammed Abd-ElRahman | | | |  | | Faculty of Pharmacy- Assuit University | | | | | | | | | |
| 3. | Prof. Dr. Mohammed AbdEl-Aziz | | | |  | | Faculty of Pharmacy- Minia University | | | | | | | | | |

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| PRINT OR WRITE ALL INFORMATION FOR RESIDENCE VISA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Applicant: | | | | | | Mohammed Taha ElSaadi Mowad | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Sex: | | | | Male | | | | |
|  | | | | | | | |  | | | | | |
| Religion: | Moslem | | | | | | | | | | | | | (A religious certificate/affidavit will be required by the Saudi Consulate for visa Purposes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Family Status: (Check / appropriate box) | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Single | | | | |  | | | Engaged | | | | | | | |  | | Married | | | | | b | | Separated | | | | |  | Divorced | | | | | |  | | |  | | | | | | | | | |
| **2. SPOUSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Husband/Wife (Maiden): | | | | | | | | | | | | | | | | | Eman Abd Elaziz El-Gebaly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion: | | | Moslem | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Date of Birth: | | | | | 2/7/1980 | | | | | | | | | | | | | |  | | | | | Citizen of: | | | | | 6-October City | | | | | | |  | | Beni-Suef | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | At present: | | | | | | | | | | | | | | At birth: | | | |  | | | |
| List special skills of spouse: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Name of spouse’s father: | | | | | | | | | | | | Abd ElAziz ElGebaly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **3. CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| Name (First) (Middle) ( Last) | | | | | | | | | | | | | | | | **Sex** | | | | Date of Birth | | | | | | | | | | | **Grade in School** | | | | | | | | | Citizen of | | | | | | | | | | | |
| M | | | | D | | Y | | | | |
| Omar Mohammed Taha | | | | | | | | | | | | | | | | Male | | | | 3 | | | | 7 | | 2004 | | | | | Grade 9 | | | | | | | | | 6-October city | | | | | | | | | | | |
| Ali Mohammed Taha | | | | | | | | | | | | | | | | Male | | | | 9 | | | | 18 | | 2007 | | | | | Grade 5 | | | | | | | | | 6-October city | | | | | | | | | | | |
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| Please indicate clearly if any step and/or adopted children are listed above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **4. RESIDENCE NEEDS IN KSA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check who will accompany you to Saudi Arabia: Spouse ( √ ) Yes ( ) No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Children: (First Names only) | | | | | | | | | | | | | | | Omar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | Ali | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  |
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| **THE ABOVE INFORMATION IS TRUE AND COMPLETE.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Signature of Applicant:** | | | | | | | | | | | Mohammed Taha ElSaadi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Date: | | | | 13/1/2019 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |