جنرال قونسلگری افغانستان
نیویارک

دافغانستان لویه قونسلگری
نیویارک

ATTACH 1
PHOTO
Here

CONSULATE GENERAL OF AFGHANISTAN

360 LEXINGTON AVENUE, 11TH FLOOR
NEW YORK, N.Y. 10017

TEL: (212) 972-2276/7
FAX: (212) 972-9046

(VISA APPLICATION)

1. NAME, (FIRST, MIDDLE)

2. LAST NAME:

3. DATE OF BIRTH: Month/Day/Year

4. PLACE OF BIRTH: City/Country

5. COUNTRY OF CITIZENSHIP:

6. SEX, M ☐ F ☐

7. PASSPORT NO:

8. PLACE OF ISSUE:

9. DATE OF ISSUE:

10. EXPIRATION DATE:

11. PRESENT ADDRESS:
STREET_____
CITY_____ STATE_____ ZIP_____ TEL: ( )_____

12. PERMANENT ADDRESS:
STREET_____
CITY STATE ZIP TEL: ( )

13. PURPOSE OF VISIT:

14. TYPE OF VISA REQUESTED:

15. HAVE YOU VISITED AFGHANISTAN BEFORE?
IF YES, STATE, DATE, AND PURPOSE:

16. PROFESSION/ OCCUPATION:

17. PLACE TO VISIT IN AFHANISTAN:

18. POINT OF ENTRY:

19. DATE OF ENTRY:

19. ADDRESS IN AFGHANISTAN:

20. DURATION OF STAY:

21. SIGNATURE:

E-Mail Address: Afghancons@aol.com