



Islamic Republic of Afghanistan
Visa Application Form

Personal Details	
Title:	<input type="text"/>
Family :	<input type="text"/>
Given Name:	
Father's Full Name :	<input type="text"/>
Date of Birth (Gregorian) : DD / MM / YYYY	<input type="text"/>
Country of Birth :	<input type="text"/>
Marital Status :	Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/>
Gender :	Female <input type="checkbox"/> Male <input type="checkbox"/>
Child : (Under 18 Years)	YES NO
Country of Residence :	<input type="text"/>
Nationality :	<input type="text"/>
Other Nationalities :	<input type="text"/>
Contact Details :	<input type="text"/>
Current Address : Address	<input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Email Address :	<input type="text"/>
Mobile :	<input type="text"/>
Work Tel :	<input type="text"/>
Home Tel :	<input type="text"/>
Fax :	<input type="text"/>
Employment Details :	<input type="text"/>
Current Occupation :	<input type="text"/>
Employer's Name :	<input type="text"/>
Employer's Address : Address	<input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Previous Employer's Name :	<input type="text"/>
Pervious Employer's Address : Address	<input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>



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Visa Details			
Visa Type :			
Purpose of Journey : <input type="checkbox"/> Business <input type="checkbox"/> Convention/Conference <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Exhibition <input type="checkbox"/> Visiting Friends/Family <input type="checkbox"/> Holiday <input type="checkbox"/> Other			
Entry Date : <input type="text"/>	Point of Entry : <input type="text"/>		
Intended Duration of Stay (days) : <input type="text"/>	Number of Children Accompanied <input type="text"/>		
Places in Afghanistan Intended to visit : <input type="text"/>			
Complete Address in Afghanistan : Name <input type="text"/>			
Address <input type="text"/>			
City <input type="text"/>	Province <input type="text"/>		
Have you ever visited Afghanistan before ? If yes, please provide details : YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="text"/>			
Have you applied for an Afghanistan Visa before ? If yes, please provide details : YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="text"/>			
Do you have a criminal record ? If yes, please provide details: YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="text"/>			
Passport Details			
Passport Type : <input type="text"/>			
Passport Number : <input type="text"/>			
Place of Issue : <input type="text"/>			
Issue Date : <input type="text"/>			
Expiry Date : <input type="text"/>			
I declare that the information provided in this application is true and correct			
Signature: (Please sign within the box) <input type="text"/> Date: <input type="text"/> DD/MM/YYYY	Passport Photograph:(Please attach within the square below) Note:The photograph must comply with the attached guidelines. <table border="1" style="width: 100%; height: 150px;"><tr><td style="width: 50%; text-align: center; vertical-align: middle;">Please attach photo here</td><td style="width: 50%; vertical-align: top;">Gurantor must endorse the photo: This is a true photo of: _____ (Name of applicant) _____ (Signature of gurantor)</td></tr></table>	Please attach photo here	Gurantor must endorse the photo: This is a true photo of: _____ (Name of applicant) _____ (Signature of gurantor)
Please attach photo here	Gurantor must endorse the photo: This is a true photo of: _____ (Name of applicant) _____ (Signature of gurantor)		



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HEALTH QUESTIONNAIRE

Have you ever had or are you under treatment for any of the following communicable diseases?

Yes No (If yes, please indicate.)

<input type="checkbox"/> Ebola	<input type="checkbox"/> Intro virus D68	<input type="checkbox"/> Flu	<input type="checkbox"/> Hanta Virus
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Measles	<input type="checkbox"/> MRSA Pertussis	<input type="checkbox"/> Rabies
<input type="checkbox"/> STD	<input type="checkbox"/> TB	<input type="checkbox"/> West Nile Virus	

Declaration:

I, hereby, solemnly declare that all the information provided above are true and correct to the best of My knowledge.

Date: _____ Signature: _____

OFFICE USE ONLY

Receiving Office:

Date of Application Received: DD/MM/YYYY

Date of Application DD/MM/YYYY	Visa Type:
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Comments:

Observation:

Passport Details:	Passport Number:
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Name:

Visa Serial Number:	Issue By:
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Issuing Office:	Date: DD/MM/YYYY
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Collected by/Send to:

(Note: If collected by someone other than the applicant, written authorization must be provided by the applicant and retained on file.)