



Islamic Republic of Afghanistan

Visa Application Form

Personal Information	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian): DD/MM/YYYY	
Country of Birth:	
Level of Education	
Degree: Specialization:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child: (Under 18 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Residence:	
Nationality:	
Other Nationalities:	
Contact Details	
Current Address:	
Email Address:	
Mobile:	Work Tel:
Home Tel:	Fax:
Employment Details	
Current Occupation:	
Employer's Name:	
Employer's Address:	
Previous Occupation:	
Previous Employer's Name:	
Previous Employer's Address:	

Visa Details	
Visa Type:	
Purpose of Visit: <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"/> Others	
Entry Date:	Point of Entry:
Intended Duration of Stay (Day):	Number of children Accompanied:
Places in Afghanistan intended to visit:	
Complete Address in Afghanistan:	
Have you ever visited Afghanistan before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>	
Have you applied for Afghanistan Visa before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>	
Do you have criminal records? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>	
Passport Details	
Passport Type:	Passport Number:
Place of Issue:	
Issue Date:	Expiry Date:
I declare that the information provided in this application is true and correct.	
Signature: <i>(please sign within the box)</i> <div style="border: 1px solid black; width: 250px; height: 60px; margin: 10px auto;"></div> Date: DD/MM/YYYY	Passport Photograph: <i>(please attach within the square bellow.)</i> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">Please attach photo here</div> <div style="width: 45%;"> Guarantor must endorse the photo. This is a true photo of: <hr style="width: 100%;"/> </div> </div>



Islamic Republic of Afghanistan Visa Application Form

HEALTH QUESTIONNAIRE			
Have you ever had or are you under treatment for any of the following communicable diseases?			
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Pertusis	<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: DD/MM/YYYY	Signature: _____		

OFFICE USE ONLY	
Receiving Office:	
Application Details:	
Date of Application Received:	DD/MM/YYYY
Date of Application: DD/MM/YYYY	Visa Type:
Comments:	
Observations:	
Passport Details:	
Name:	Passport Number:
Visa Serial Number:	Issue By:
Issuing Office:	Date: DD/MM/YYYY
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.)	