



CONSULATE GENERAL OF TRANSITIONAL ISLAMIC STATE OF
AFGHANISTAN, NEW YORK

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

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

(VISA APPLICATION)

ATTACH 1
PHOTO
Here

1. NAME, (FIRST, MIDDLE) <input type="text"/>	
2. LAST NAME: <input type="text"/>	
3. DATE OF BIRTH: Month/Day/Year <input type="text"/> / <input type="text"/> / <input type="text"/>	4. PLACE OF BIRTH: city/country <input type="text"/>
5. COUNTRY OF CITIZENSHIP: <input type="text"/>	6. SEX, M <input type="checkbox"/> F <input type="checkbox"/>
7. PASSPORT NO: <input type="text"/>	8. PLACE OF ISSUE: <input type="text"/>
9. DATE OF ISSUE: Month/Day/Year <input type="text"/> / <input type="text"/> / <input type="text"/>	10. EXPIRATION DATE: Month/Day/Year <input type="text"/> / <input type="text"/> / <input type="text"/>
11. PRESENT ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____ TEL: () _____	
12. PERMANENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____ TEL: () _____	
13. PURPOSE OF VISIT: <input type="text"/>	14. TYPE OF VISA REQUESTED: OFFICIAL ___ TOURIST ___ MEDIA ___ U.N. ___ ENTRY ___
15. HAVE YOU VISITED AFGHANISTAN BEFORE? IF YES, STATE, DATE, AND PURPOSE: <input type="text"/>	
16. PROFESSION/ OCCUPATION: <input type="text"/>	
17. PLACE TO VISIT IN AFGHANISTAN: <input type="text"/>	
18. POINT OF ENTRY: <input type="text"/>	19. DATE OF ENTRY: Month/Day/Year <input type="text"/> / <input type="text"/> / <input type="text"/>
19. ADDRESS IN AFGHANISTAN: <input type="text"/>	
20. DURATION OF STAY: <input type="text"/>	21. SIGNATURE: _____

E-Mail: AFGHANCONS@AOL.COM