جنرال قونسلگری ج.ا. افغانستان - تورنتو

دافغانستان ا.ج. جنرال قونسلگری– تورنتو

Consulate General of Afghanistan
Toronto

Personal Details	
Title:	
Family Name:	
Given Name:	
Father's Full Name:	
Date of Birth(Gregorian):	
Country of Birth:	
Marital Status: ☐ ***single*** ☐ ***engaged*** ☐ ***married*** ☐ ***separated*** ☐ ***widow/widower***	
Gender: ☐ ***female*** ☐ ***male***	
child(*under18years*) ☐ ***Yes*** ☐ ***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 Employer's Name:	
Previous Employer's Address:	

Visa Details

Visa Type:

Purpose of Journey: ☐***Business*** ☐***Convention/Conference*** ☐***Education*** ☐***Employment*** ☐ ***Exhibition*** ☐ ***Visiting Friends/Family*** ☐ ***Holidays*** ☐ ***Other***

Entry Date:	***Point of Entry:***
Intended Duration of stay(days):	***Number of Children Accompanied:***

Place in Afghanistan Intended to Visit:

Complete Address in Afghanistan:

Have you ever visited Afghanistan before? ☐***No*** ☐***Yes***
If yes provide the details:

Have you applied for an Afghanistan visa before? ☐***No*** ☐***Yes***
If yes please provide details:

Do you have a criminal record? ☐***No*** ☐***Yes***
If yes provide details:

Passport Details

Passport Type:

Place of issue:

Issue Date:

Expiry Date:

I declare that the information provided in this application is true and correct

Signature: ***(please sign within the box)***

Date: / /

Passport photograph:
Note :the photograph must comply with the **Attached guidelines.**

this is the true photo of

name of the applicant

signature of guarantor

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?

□ Yes □ No

□ Ebola	□ intro virus D68	□ flu	□ Hanta Virus
□ HIV/AIDS	□ Measles	□ MRSA Pertussis	□ Rabies
□STD	□TB	□ 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:	
Application Details:	
Date of Application received:	
Date of Application	Visa type:
Comments:	
Observations:	
Passport Details:	
Name:	Passport Number:
Visa Serial Number:	Issue By:
Issuing Office:	Date:
Collected bye/sent to: **(note, if collected by someone other than the application, written authorization must be provided by the applicant and retained on file)**	