



ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅՈՒՆ
ՎԻԶԱՅԻ ԴԻՍՈՒՄ-ՀԱՐՑԱԹԵՐԹԻԿ

VISA APPLICATION FORM
REPUBLIC OF ARMENIA

please glue or staple
passport size
professional
recent color
photograph
here

PLEASE TYPE OR WRITE IN CAPITAL LETTERS

1. Surname:	2. Name:	3. Middle name (if any):																																									
4. Date of birth: <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2"> dd </td> <td colspan="2"> mm </td> <td colspan="6"> year </td> </tr> </table> </div>											dd		mm		year						5. Place of birth (please write in cells below):																						
dd		mm		year																																							
a. Country:		b. State (province):	c. City (town, village):																																								
6. Citizenship:	7. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	8. Home address: ☎:																																									
9. Occupation, business address: ☎:	10. Ethnic affiliation (optional):	11. Purpose of visit: Tourism <input type="checkbox"/> , Business <input type="checkbox"/> , Transit <input type="checkbox"/> , Other <input type="checkbox"/> (please specify ↓ _____)																																									
12. Date of entry: <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2"> dd </td> <td colspan="2"> mm </td> <td colspan="6"> year </td> </tr> </table> </div>											dd		mm		year						13. Duration of stay: _____ days	14. Main destination (if transit):																					
dd		mm		year																																							
15. Personal status: Single <input type="checkbox"/> , Married <input type="checkbox"/> , Divorced <input type="checkbox"/> , Widowed <input type="checkbox"/>	16. Husband / Wife (Surname, Name)	17. Host party (name, address) ☎:																																									
18. Address during your stay (optional): ☎:	19. Persons included in passport traveling with you (if any):	20. Type of passport/travel document: Regular <input type="checkbox"/> , Diplomatic <input type="checkbox"/> , Official (Service) <input type="checkbox"/> , UNLP <input type="checkbox"/> , Other <input type="checkbox"/> (please specify → _____)																																									
21. Passport / travel document number: _____	22. Date of issue of passport / travel document: <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2"> dd </td> <td colspan="2"> mm </td> <td colspan="6"> year </td> </tr> </table> </div>											dd		mm		year						23. Passport / travel document issuing authority: _____																					
dd		mm		year																																							
24. Passport / travel document valid until: <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2"> dd </td> <td colspan="2"> mm </td> <td colspan="6"> year </td> </tr> </table> </div>											dd		mm		year						25. Date of application: <div style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2"> dd </td> <td colspan="2"> mm </td> <td colspan="6"> year </td> </tr> </table> </div>											dd		mm		year						26. Signature of applicant:	
dd		mm		year																																							
dd		mm		year																																							

Հյուպատոսի նշումների համար / This part is for official use only

1. Վիզայի համարը`	2. Տեսակը` Դ <input type="checkbox"/> , Պ <input type="checkbox"/> , Գ <input type="checkbox"/> , Ս <input type="checkbox"/> , Զ <input type="checkbox"/> , Տ <input type="checkbox"/>
3. Այցի տևողությունը` _____ օր	4. Մուտքերի քանակը` 1 <input type="checkbox"/> , Բ <input type="checkbox"/>
5. Երբ է տրված _____	6. Ուժի մեջ է մինչև` _____
7. Գանձված է \$ _____	8. Ստորագրություն