

ክፍለ ኢንግራሽንን ሊገኙትን
 DEPT. OF IMMIGRATION & NATIONALITY
 መዕተት ገመዳተዊ ሺዛ
 APPLICATION FORM FOR ENTRY VISA

ቱሪ ሙሉዴ ኢንግራሽን
 IMMIGRATION IDENTITY No.

1	ፆላላ ስም (ከፎ ፓስፖርት) FULL NAME (AS IN PASSPORT)	2	ፊታ/SEX <input type="checkbox"/> ተባ MALE <input type="checkbox"/> ለፏ FEMALE
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3	ለቸዳሙ ህዝብ ወይ ዓለን ስም (የተለየ) FORMER/OTHER NAME (if different from above)
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4	ቦታ ለደት PLACE OF BIRTH	ከተማ CITY OR TOWN	ዕለት ለደት DATE	ወር MONTH	ዓመት YEAR	5	ሰራሕ OCCUPATION
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6	ህዳድ ስም PRESENT NATIONALITY	7	ዓይነት ቱሪ ፓስፖርት PASSPORT TYPE & No.
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8	ፓስፖርት ስጠታ ቦታ PLACE OF ISSUE OF PASSPORT	ፓስፖርት ስጠታ ዕለት DATE OF ISSUE OF PASSPORT	8.1	ፓስፖርት ምዕደተሉ ዕለት DATE OF EXPIRY OF PASSPORT
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9	ተቆሚ ለድራሻ PERMANENT ADDRESS:	ሃገር/COUNTRY	ከተማ CITY OR TOWN	ገደናን ቱሪ ገን STREET AND NUMBER	ቱ. ቲሌፎን TEL. No.
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10	አድራሻ አብ ኢርትራ ADDRESS IN ERITREA	ከተማ CITY OR TOWN	ገደናን ቱሪ ገን STREET AND NUMBER	ቱ. ቲሌፎን TEL. No.
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11	ብዛዕባ ሓታቲት ገዳት ሰብህካላ REFERENCE IN ERITREA		
አድራሻ ADDRESS	ከተማ CITY OR TOWN	ገደናን ቱሪ ገን STREET AND NUMBER	ቱ. ቲሌፎን TEL. No.

12	ምዕደት መዕተዊ PURPOSE OF ENTRY	<input type="checkbox"/> ዕደት TOURISM	<input type="checkbox"/> ወገኖ OFFICIAL	<input type="checkbox"/> ቲን BUSINESS	<input type="checkbox"/> ሰራሕ EMPLOYMENT
		<input type="checkbox"/> ትምህርቲ STUDENT	<input type="checkbox"/> ምዕድ ምዕደሕ FAMILY VISIT	<input type="checkbox"/> ካለ OTHER	

13	ዝድለ መዕተዊ ENTRY DESIRED	<input type="checkbox"/> ገጽላ SINGLE	<input type="checkbox"/> ብዙሕ MULTIPLE	14	ዝገንሱ ገዜ PERIOD OF STAY:
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15	ለሰገት ብሓድ ሰድ ህገኹ PERSONS TRAVELLING ON THE SAME PASSPORT:
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ተ.ተ No.	ስም NAME	ጾታ SEX	ዕለት ለደት DATE OF BIRTH			ቦታ ለደት PLACE OF BIRTH
			ዕለት DATE	ወር YEAR	ዓመት MON	

16	ለፏ CORRECT AND COMPLETE	ኩሉ ህሃብኩም ሓበራታ ትኩዕን ምሉእን ምዃኑ ለፏገጽ። DECLARE THAT THE INFORMATION GIVEN ABOVE IS
ቦታ PLACE	ዕለት DATE	ክታፕ SIGNATURE

17	ዝገዳ መዜ ፕራይ ህምዳክት / FOR OFFICIAL USE ONLY
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ዝተወሰደ ውጤት DECISION TAKEN		
ቱ መዕተዊ ሺዛ ENTRY PERMIT No.		
ርእይቶ REMARKS		
ዕለት DATE	ስም በዓልመዚ NAME OF AUTHORITY	ክታፕ በዓልመዚ /SIGNATURE OF AUTHORITY



Form 62.7.3

STATE OF ERITREA
MINISTRY OF FOREIGN AFFAIRS
IDENTITY CLARIFICATION FORM

THE ERITREAN EMBASSY OR MISSION _____ Code _____

Ref.No. _____ Date ____/____/____

To: - THE DEP. OF IMMIGRATION & NATIONALITY
ALIENS DIVISION

1. FULL NAME OF APPLICANT AS IN PASSPORT (PERSON WHO REQUESTS ENTRY VISA)

2. SEX _____

3. PRESENT NATIONALITY _____ 3.1 NATIONALITY BY BIRTH _____

OTHER NATIONALITIES IF ANY _____ 4. DATE OF BIRTH ____/____/____

5. PASSPORT No. _____ 6. PASSPORT EXPIRATION DATE ____/____/____

7. APPLICANT'S SIGNATURE _____ 7.1 DATE ____/____/____

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7. ከብ ልዕሊ መለተደ ስህ ከወገብ ህዳትት ተገልጋሊ ዝተገብረ
ደቂቕ ምጽራይ ህ ግለት ህዘይካተ ብወገኒ ንምክታው ዘኻርቦ
ምገባናት ካለ ልዕግ ከይህልዎ ህፍትብ ኢዩ። እዚ ከጸላህ
ብትገርኛ ወይ ብገረብኛ ከምላእ ይካሄዳ።

بالإضافة إلى البحث الدقيق لأسباب الزيارة المذكورة من مقدم الطلب هذا الجزء
يكتب باللغة العربية أو الإنجليزية إذا كانت هناك شكوك أو هدف آخر ينادي سبب
الزيارة المذكورة وسببها.

Multiple horizontal lines for official use only.

NB Passport copy should be attached with this form

Official stamp

Name of authority

Signature of authority
