

ሃገረ ኢርትራ
STATE OF ERITREA
ክፍለ ኢንግሊዥንን ዜግነትን
DEPT. OF IMMIGRATION & NATIONALITY
መስተት ንመጻገዊ ቪዛ
APPLICATION FORM FOR ENTRY VISA

ቱቩር መገለጫ ኢንግሊዥን
IMMIGRATION IDENTITY No.

1 ፖሊስ ስም (ከም ፓስፖርት) FULL NAME (AS IN PASSPORT)		2 ጾታ /SEX <input type="checkbox"/> ተባ MALE <input type="checkbox"/> እና FEMALE				
3 ለቆደው ሃዘቢ ወይ ካለ ስም (የተለየ) FORMER/OTHER NAME (If different from above)						
4 ቦታ ልደት PLACE OF BIRTH		5 ስራ ስም OCCUPATION				
ከተማ CITY OR TOWN		ቀን ልደት DATE OF BIRTH				
		ወር MONTH				
		ዓመት YEAR				
6 ዘላቂ ህግነት PRESENT NATIONALITY		7 ፖስፖርት ቱቩር መገለጫ PASSPORT TYPE & No.				
8 ፓስፖርት ስጠታ ቦታ PLACE OF ISSUE OF PASSPORT		8.1 ፓስፖርት ምደባ ቀን DATE OF EXPIRY OF PASSPORT				
		ፖስፖርት ስጠታ ቀን DATE OF ISSUE OF PASSPORT				
		ወር MONTH				
		ዓመት YEAR				
9 ተቆይታ አድራሻ PERMANENT ADDRESS:		ጎረቤት ቀበሌ ገዢ STREET AND NUMBER				
ሃገር /COUNTRY		ቱ. ቴሌፎን TEL. No.				
10 አድራሻ ኢትዮጵያ ADDRESS IN ERITREA		ጎረቤት ቀበሌ ገዢ STREET AND NUMBER				
ከተማ CITY OR TOWN		ቱ. ቴሌፎን TEL. No.				
11 ማዕከላዊ ማሳሰቢያ ስም/አካል REFERENCE IN ERITREA						
አድራሻ ADDRESS		ጎረቤት ቀበሌ ገዢ STREET AND NUMBER				
ከተማ CITY OR TOWN		ቱ. ቴሌፎን TEL. No.				
12 ግብይት ምክንያት PURPOSE OF ENTRY						
<input type="checkbox"/> ዕድገት TOURISM <input type="checkbox"/> ወገንዊ OFFICIAL <input type="checkbox"/> የሥራ BUSINESS <input type="checkbox"/> ስራ ስም EMPLOYMENT <input type="checkbox"/> ትምህርት STUDENT <input type="checkbox"/> ስሙድ ጥብቅ FAMILY VISIT <input type="checkbox"/> ካል OTHER						
13 ማድረግ የሚፈልገው ENTRY DESIRED		14 ማድረግ ጊዜ PERIOD OF STAY:				
<input type="checkbox"/> ገለጻ SINGLE		<input type="checkbox"/> ብዙ ጊዜ MULTIPLE				
15 ሌሎች ሰጠው ስም ላለው ሰጠው ስም PERSONS TRAVELLING ON THE SAME PASSPORT:						
ተ.ቁ. No.	ስም NAME	ጾታ SEX	ቀን ልደት DATE OF BIRTH			ቦታ ልደት PLACE OF BIRTH
			ቀን DATE	ወር YEAR	ዓመት MON	
16 እኔ CORRECT AND COMPLETE						
ከሌ ማህበራዊ ማህበራዊ ጥያቄዎች ላይ ለሚገኙት መረጃዎች ላይ ማረጋገጫ DECLARE THAT THE INFORMATION GIVEN ABOVE IS						
ቦታ PLACE		ቀን DATE				
		ስም SIGNATURE				
17 ገባዎቹ ለግብይት ጥቅም ላይ ላይ ላይ ላይ / FOR OFFICIAL USE ONLY						
ክፍለ ገባዎቹ ወሳኔ DECISION TAKEN						
ቱ. መጻገዊ ቪዛ ENTRY PERMIT No.						
ርእይቶ REMARKS						
ቀን DATE		ስም ሰጠው ስም NAME OF AUTHORITY				
		ስም ሰጠው ስም /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 _____

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

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

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

FOR OFFICIAL USE ONLY

7. አብ ልዕሊ መእተዊ ሺዛ ክወሃቦ ዝሓትት ተገልጋሊ ዝተገብረ
ደቂቕ ምጽራይ ሕ ግለት በዘይካኑቲ ብወግዒ ንምእተው ዘቕርቦ
ምክንያት ካልእ ዕላማ ከይህልዎ ዝኖትሽ ኢዩ። እዚ ክፋል'ዚ
ብትግርኛ ወይ ብግሪብኛ ክምላእ ይከእል።

بإضافة إلى البحث الدقيق لأسباب الزيارة المذكورة من مقدم الطلب. هذا الجزء
يكتب باللغة العربية أو التجريدية إذا كانت هناك شكوك أو هدف آخر يناقد سبب
الزيارة المذكورة رسميا.

Multiple horizontal lines for official use only.

NB Passport copy should be attached with this form

Official stamp



Name of authority

Signature of authority
