

STAPLE
PHOTO
HERE

VISA APPLICATION FORM

CONSULATE GENERAL OF PAKISTAN
12 EAST 65TH STREET
NEW YORK NY 10065
TEL: (212) 879 5800 FAX: (212) 517 6987
www.pakistanconsulateny.org



(IF ANY OF THE PARTICULARS FURNISHED ARE FOUND TO BE INCORRECT OR IF ANY INFORMATION IS FOUND TO HAVE BEEN WITHHELD THE VISA IS LIABLE TO BE CANCELLED AT ANY TIME)

1 FULL NAME: _____ FIRST MIDDLE LAST			FOR OFFICIAL USE ONLY	
2 SURNAME AT BIRTH IF DIFFERENT _____				
3 PERMANENT ADDRESS _____ _____				
4 PRESENT ADDRESS _____ _____				
5 DATE OF BIRTH _____ (DD/MMM/YYYY)		PLACE OF BIRTH _____ (CITY, STATE, COUNTRY)		
6 PHONE _____		FAX _____	EMAIL _____	
7 PASSPORT NO. _____		PASSPORT ISSUING COUNTRY _____		
PLACE OF ISSUE _____ (CITY, STATE, COUNTRY)		DATE OF ISSUE _____ (DD/MMM/YYYY)	DATE OF EXPIRY _____ (DD/MMM/YYYY)	
8 PRESENT NATIONALITY _____		PREVIOUS NATIONALITY _____		
9 FATHER'S NAME _____		FATHER'S NATIONALITY _____		
10 SPOUSE NAME _____		SPOUSE NATIONALITY _____		
11 HAVE YOU EVER BEEN A CITIZEN OF PAKISTAN _____		PROFESSION OR OCCUPATION _____		
12 TYPE OF VISA REQUIRED (PLEASE TICK) Tourist ___ Business ___ Student ___ Entry ___ Transit ___ Journalist ___ Conference ___ Employment ___ Transfer ___ Other _____				
13 PERIOD OF VISA 15 Days _____ Six Months _____ One Year _____ Five Year _____ Other _____				

