

**Consulate-General of the Republic of the Union of Myanmar
Los Angeles, California**

APPLICATION FOR WORKSHOP/ SEMINAR/MEETING/ RESEARCH VISA

1. Name in Full (Fill in Block Letters)

_____/_____/_____
(First Name) (Middle Name) (Last Name)

2. Father's Full Name _____
(First Name) (Middle Name) (Last Name)

3. Date of Birth (dd/mm/yy): _____/_____/_____

4. Place of Birth (City/State/Country) _____/_____/_____

5. Nationality: U.S./ (Others): _____ 4. Sex (F) / (M)

6. Present Occupation: _____
(If retired write "retired", if student write "student", if self employ: mention specifically)

7. Marital Status: Married Separated Divorced Widowed Single (Never Married)

8. Spouse's Full Name: _____

Passport

9. (a) Number _____ (b) Date of Issue (dd/mm/yy) _____/_____/_____

(c) Date of Expiration (dd/mm/yy) _____/_____/_____

(d) Place of Issue: _____ (e) Issuing Authority:

United States, _____ United States, Department of State/

Other: _____ National Passport Center/ (if others): _____

10. Present Address in U.S. _____

(Include apartment number, street, city, state or province & postal zone)

11. Contact Ph. No.(Res:)(_____) (Work)(_____) (Cell)(_____) e-mail _____

12. Address in Myanmar: _____

13. Have you ever been to Myanmar: Yes No (If Yes) Date of Last Visit: (dd/mm/yy) _____/_____/_____

14. Have you ever been refused to enter Myanmar: Yes No (If Yes) When: (dd/mm/yy) _____/_____/_____

Why: _____

15. Expected date of **Arrival**: (dd/mm/yy) _____/_____/_____ & **Departure**: (dd/mm/yy) _____/_____/_____

16. Name and address of Guarantor during stay in Myanmar _____

17. Attention for Applicant:

(a) Apart from the professions mentioned this visa application from applicants are not to engage in any sort of work, with or without charges.

(b) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not interfere in the Internal Affairs of the Republic of the Union of Myanmar.

(c) Legal action will be taken against those who violate or contravene any provision of the existing laws, rules and regulations of the Republic of the Union of Myanmar.

I hereby declare that I fully understand the above mentioned conditions, that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of entry stated herein.

Date (dd/mm/yy) _____/_____/_____

Signature of Applicant

(FOR OFFICE USE ONLY)

Visa No. _____ Date: _____

MOFA Lt. No. _____, Date: _____/_____/_____

Signature of Officer in-Charge
Consulate-General of Myanmar, Los Angeles

**Consulate-General of the Republic of the Union of Myanmar
Los Angeles, California**

Work History for Visa Applicant

1. Name in Full (Fill in block letters): _____
Surname (As in Passport): _____
First Name & Middle Name: _____
2. Date of birth (dd/mm/yy) _____ / _____ / _____
3. Place of birth: U.S. : _____ (Other): _____
4. Permanent Home Address: _____

5. Tel. (Res.)(_____) _____ (Work Place)(_____) _____
(Cell)(_____) _____ e-mail: _____
6. Work Description (**Current**)
 - (a) Job Title: _____
From (dd/mm/yy) _____ / _____ / _____ To(dd/mm/yy) _____ / _____ / _____
 - (b) Office _____
Department _____
Describe your Duties: _____

7. Work Description (Previous)
 - (a) Job Title: _____
From (dd/mm/yy) _____ / _____ / _____ To(dd/mm/yy) _____ / _____ / _____
 - (b) Office _____
Department _____
Describe your Duties: _____

I hereby declare that the particular given above are true and correct and that I will not engage in any activities irrelevant to the purpose of my entry.

Date:(dd/mm/yy) _____ / _____ / _____

Signature of Applicant