EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR

2300 "S" ST. NW, WASHINGTON D.C. 20008-4089 Tel. (202) 332 4352, (202) 238 9332 Fax. (202) 332 4351

(Website: http://www.mewashingtondc.org, email:consularservices@mewashingtondc.org)

WORKSHOP/SEMINAR/MEETING/RESEARCH VISA REQUIREMENT

- 1. One (1) completed application form with two photos. (2 photos required)
- 2. One (1) completed "Work History form".
- 3. Original Passport

(Passport must be at least 6 months validity with available visa pages.

Non-American passport need to provide Green Card copy or Documents showing legal status in U.S.)

- 4. For the event of application for attending Workshop/Seminar/Meeting:
 - The Invitation Letter of concerned Ministry.
 - The direct invitation of concerned Ministry by mentioning the duration of stay.
- 5. Prepaid Self-Addressed Return Envelope
 - (Applicant can use FedEx, UPS or USPS with Tracking Numbers. Embassy assumes no responsibility for any delay or loss of mail, or while the documents are in the custody of the courier services. The applicant shall note the tracking numbers of all used and submitted envelopes.)
- 6. Payment of US\$ 40 (US\$ Forty only) per applicant for Workshop/Seminar/Meeting/Research Visa (Single Entry) fee: payable to Myanmar Embassy in <u>Cashier's check</u> or <u>Money Order</u> only. (Payment arranged through Credit Card/Personal check/Cash is <u>not accepted</u>)

VISA INFORMATION

- The stay for the Workshop/Seminar/Meeting/Research Visa is 28 days. Only the Research Visa can be extended.
- The validity of the Workshop/Seminar/Meeting/Research Visa (Single Entry) is 3 months from the date of issue, which cannot be renewed or refunded. Embassy will issue visa for completed application as soon as receive it. Embassy will not take any responsible for too early and too late applications.

OFFICE HOURS

| MORNING (09:30 – 12:00) | LUNCH TIME (12:00 – 13:00) | EVENING (13:00 – 17:00) |
|--------------------------------|-----------------------------------|--------------------------------|
|--------------------------------|-----------------------------------|--------------------------------|

VISA PROCESSING TIME: Minimum (3) business days for completed application.

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PHOTOGRAPHY GUIDE (2 Photos for Crew Visa)

- The photograph must have been taken within the last six months.
- The photograph should be in color with the white background.
- ➤ Photo Size:35 mm X 45 mm or standard photo size of 2 in X 2 in
- ➤ Photo Appearance: The photograph must be a full-face view in which the visa application is facing the camera directly. Side or angled views are NOT accepted.
- ➤ Digital Photos: Digitally reproduced photographs must be reproduced without discernible pixels or dot patterns.
- ➤ Photocopied photographs are NOT accepted.

EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR WASHINGTON D.C

APPLICATION FOR WORKSHOP/ SEMINAR/ MEETING/ RESEARCH VISA

| 1. | Name | e in full (In Block Letters) _ | Recently taken | | | | | | |
|---------|--|--|--|------------------------------------|---|--|--|--|--|
| 2. | Father's full Name | | | | 1 7 | | | | |
| 3. | Natio | Nationality 4. Sex □ (F) / □ (M) | | with full face, front view, no hat | | | | | |
| 5. | Date | Date of Birth 6. Place of Birth | | | | | | | |
| 7. | Prese | nt Occupation | background (attached with staple) | | | | | | |
| 8. | Marit | tal Status: □ Married □ Sep | oarated \square Divorced \square W | /idowed □ Sing | gle | | | | |
| 9. | Spou | se's Full Name: | | | | | | | |
| 10. | Passp | oort | | | | | | | |
| | (a) | Number | (b) | Date of Issue | e (dd/mm/yyyy) / / | | | | |
| | (c) | Place of issue | (d) | Issuing Autho | ority: | | | | |
| | | ☐ United States | | □ United St | tates, Department of State / | | | | |
| | | ☐ Other: | | □ National | Passport Centre / Other: | | | | |
| | (e) | | | | | | | | |
| 11. | Prese | nt address in US | | | | | | | |
| 12. | | | | | | | | | |
| 13. | Addre | ess in Myanmar | | | | | | | |
| 14. | | | | | | | | | |
| 15. | Exped | cted dt. of Arrival: (dd/mm | ı/yyyy)// | & Departure | e: (dd/mm/yyyy) / / | | | | |
| 16. | Name and Address of Guarantor during stay in Myanmar | | | | | | | | |
| 17. | | Attention for Applicants | | | | | | | |
| | (a) | on of Myanmar and shall not interfere in the | | | | | | | |
| | internal affairs of the Republic of the Union of Myanmar.(b) Legal actions will be taken against those who violate or contravene any provision of the existing laws | | | | | | | | |
| | (6) | rules and regulations of the Republic of the Union of Myanmar. | | | | | | | |
| I herel | bv decla | re that I fully understand t | he above mentioned co | onditions, that | the particulars given above are true and correct | | | | |
| | - | not engage in any activitie | | | | | | | |
| | | | | • | | | | | |
| Date | | | | | Signature of Applicant | | | | |
| | | | (FOR OFFICIAL U | SE ONLY) | | | | | |
| | | | | Date | | | | | |
| | | | | | | | | | |
| Date_ | \\\a_s\cdots | ngton D.C. United State | of America | | Embassy of the Depublic of the Union | | | | |
| riace | , wasni | ngton D.C, United State | s or America | t | Embassy of the Republic of the Union of Myanmar, Washington D.C | | | | |

Contact: Tel. (202) 332 4352, (202) 238 9332 Fax (202) 332 4351.

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Work History for Visa Applicant

| 1. | Nam | e in Full (Fill in block letters): | · · · · · · · · · · · · · · · · · · · | | | |
|----|---|---|---------------------------------------|--|--|--|
| | Surn | ame (As in Passport): | | | | |
| | First | Name & Middle Name: | | | | |
| 2. | | of birth (dd/mm/yyyy): / / | | | | |
| 3. | Place | e of birth: City; Country; | | | | |
| | | anent Home Address: | | | | |
| ~ | | (P.) | | | | |
| Э. | I el. | (Res.) | | | | |
| | | (Work Place) | | | | |
| _ | 33 7 1 | e-mail: | | | | |
| 6. | Work Description (Current) | | | | | |
| | (a) Jo | bb Title: | | | | |
| | From (dd/mm/yyyy): _ / _ / _ To (dd/mm/yyyy): _ / _ / / | | | | | |
| | (b) Office | | | | | |
| | | rtment | | | | |
| | Desc | ribe your duties: | | | | |
| | | | | | | |
| 7. | Work | Description (Previous) | | | | |
| | | bb Title: | | | | |
| | | | | | | |
| | | office | | | | |
| | | rtment | | | | |
| | • | ribe your duties: | | | | |
| | | | | | | |
| | _ | | | | | |
| |] | hereby declare that the particulars given above are true and correct. | | | | |
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| | | | | | | |
| | | | | | | |
| | | | Signature of Applicant | | | |
| | | Date: (dd/mm | | | | |
| | | | | | | |