

DS-60 APPLICATION FORM

USA APPLICATION FORM

Please complete all questions
Please download the supplementary form
for males between 16 - 45 years of age

Personal , Address, Phone and Passport Information

| | |
|---------------------------------|-------------------------------------|
| Full Name in Native Language : | <input type="text"/> |
| Sex : | <input type="text"/> |
| Marital Status : | <input type="text"/> |
| Date of Birth: | <input type="text"/> |
| Place and country of Birth: | <input type="text"/> |
| Nationalities: | <input type="text"/> |
| Other Nationalities : | <input type="text"/> |
| National Identification Number: | <input type="text"/> |
| Home Address : | <input type="text"/> <hr/> <hr/> |
| City: | <input type="text"/> |
| State/Province : | <input type="text"/> |
| Postal Code: | <input type="text"/> |
| Country: | <input type="text"/> |
| Home Number : | <input type="text"/> |
| Work Number : | <input type="text"/> |
| Work Fax: | <input type="text"/> |
| Mobile Number: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| Passport Number: | <input type="text"/> |
| Country/Authority that issued : | <input type="text"/> |
| City where issued: | <input type="text"/> |
| State/Province Where Issued: | <input type="text"/> |
| Country where issued : | <input type="text"/> |
| Issuance Date: | <input type="text"/> |
| Expiration Date: | <input type="text"/> |

has you passport ever been lost or stolen?, If so please give details:

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| |

Travel Information

Principal Applicant :

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Purpose of your trip to US:

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Intended Date of travel:

| |
|--|
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|--|

Where will you be entering the US?:

| | |
|-------|---------|
| STATE | AIRPORT |
|-------|---------|

Intended Length of stay:

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|--|
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|--|

Address where you will be staying in the U S:

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| |

Person/Entity paying for your trip:

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Name and of address of Company or entity paying for trip:

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|--|
| |
| |
| |

Relationship to you:

| |
|--|
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|--|

Other people travelling with you:

| | |
|-----|----|
| YES | NO |
|-----|----|

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Address and contact details:

| |
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Name of person traveling with you:

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Address and contact details:

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Have you ever been to the U S:

| | |
|-----|----|
| YES | NO |
|-----|----|

Previous visit in the last 5 years:

Date of arrival:

Length of stay:

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Do you hold a US drivers license:

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|-----|----|
| YES | NO |
|-----|----|

Previous U S visas:

| | |
|-----|----|
| YES | NO |
|-----|----|

If so date last visa issued:

Visa Number:

| |
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| |

Are you applying for the same type of visas?:

| | |
|-----|----|
| YES | NO |
|-----|----|

If not please state which is being Applied for:

Which country are you applying from?:

Have your finger prints been taken?:

Has your U S visa been lost or stolen?:

If so please please give details:

Has your U S visa ever been cancelled or revoked?:

If so please state details:

Have you ever been refused a U S visa ,admission to the U S or withdrawn your application? - If so please give details:

U S Contact Information

Contact person name in the U S:

Organization name in the U S:

Relationship to you:

Contacts Address in the U S:

Telephone:

Contacts email address:

Family Information

Spouse Surname:

Spouse Given Name:

Spouse Nationality:

Spouse date and place of birth:

Father's surname:

Father's given names:

Father's date of birth:

Is your father in the U S:

Mother's surname:

Mother's given names:

Mother's date of birth:

Is your mother in the U S:

Do you have any immediate family in the U S besides your parents?:

Do you have any other relatives in the U S?:

Work / Education / Training Information

Primary Occupation:

Annual salary:

Employers details:

| |
|--------|
| Name: |
| Add: |
| ----- |
| ----- |
| ----- |
| Phone: |

How long have you held this position?:

Any other form of income?:

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|-------|
| ----- |
| ----- |

Email address:

Previous employer / company name and address:

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| ----- |
| ----- |

Telephone:

Have you attended any educational institutions other than elementary schools:

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Have you been in the armed services?:

If so please state which sector and dates:

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| ----- |

List all professional, Social and charitable organizations to which you belong or contribute or with which you have worked:

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Security and Background Information

Do you have a communicable disease such as Tuberculosis (TB)?:

Do you have a mental or Physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?:

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Are you or have you ever used or abused drugs?:

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|-----|----|
| YES | NO |
|-----|----|

Have you ever been arrested or convicted for any offense or crime, even subject of a pardon , amnesty or similar action?:

| | |
|-----|----|
| YES | NO |
| | |
| | |

Have you ever violated or engaged in a conspiracy to violate any law relating to controlled substances?:

| | |
|-----|----|
| YES | NO |
|-----|----|

Are you coming to the U S to engage in prostitution or unlawful commercialized vice or have you been engaged in the procurement of prostitutes in the last 10 years?:

| | |
|-----|----|
| YES | NO |
|-----|----|

Have you ever been involved or seek to engage in money laundering?:

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|-----|----|
| YES | NO |
|-----|----|

Do you seek to engage in espionage sabotage, export control violations or any other illegal activity while in the U S?:

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|-----|----|
| YES | NO |
|-----|----|

Do you seek or have you ever engaged in terrorist activities while in the U S?:

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|-----|----|
| YES | NO |
|-----|----|

Have you ever or intend to provide financial assistance or other support to terrorists or terrorists organizations?:

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|-----|----|
| YES | NO |
|-----|----|

Are you a member or represent a terrorist organization?:

| | |
|-----|----|
| YES | NO |
|-----|----|

Have you ever ordered, incited, assisted or committed genocide?:

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|-----|----|
| YES | NO |
|-----|----|

Have you ever ordered, incited, assisted or committed torture?:

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|-----|----|
| YES | NO |
|-----|----|

Have you ever ordered, incited, assisted or committed extrajudicial killings, political killings or other acts of violence?:

| | |
|-----|----|
| YES | NO |
|-----|----|

Have you, as serving as a government official, been responsible for or directly carried out , at anytime severe violations of religious freedom?:

| | |
|-----|----|
| YES | NO |
|-----|----|

have you ever been the subject of a removal or deprotection hearing?:

| | |
|-----|----|
| YES | NO |
|-----|----|

Have you ever sought to or assist

obtain a visa, to the U S or any U S Immigraion state by fraud or any unlawful or any other means?:

 YES NO

Have you failed to attend a hearing on removable or inadmissibility in the last 5 years?:

 YES NO

Have you been unlawfully present or overstayed the amount of time granted or violated the terms of a U S visa?:

 YES NO

Have you ever withheld custody of a US citizen child outside the US from a person granted legal custody by the US?:

 YES NO

Have you voted in the U S in violation of any law or regulation?:

 YES NO

Have you ever renounced U S citizenship for the purpose of avoiding taxation?:

 YES NO

Have you ever attended a public school on student status or a secondary school after november 1996, without reimbursing the school?:

 YES NO

Location information

What is your current location?:

Did anyone assist you with filling in this Application?:

 YES NO

If so please complete details?: