CONSULATE GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR, NEW YORK

REQUIREMENT FOR WORKSHOP/ SEMINAR/MEETING/ RESEARCH VISA

1. Original Passport with at least six months validity and available visa pages.
2. The Official Invitation Letter from the concerned Ministry (or) Organization in Myanmar mentioning the duration of stay.
3. Personal letter applying for the research visa.
4. Recommendation letter from the Department/University where the applicant belong to.
5. Prepaid Self-Addressed Return Envelope or Airway bill
   (For those who apply through courier services can use FedEx, UPS or USPS with Tracking Numbers. **Myanmar Mission assumes no responsibility for any delay or loss of mail or documents while under the custody of courier services. The applicants shall note the tracking numbers of all used and submitted envelopes.**
6. Copy of Flight Schedule/Itinerary
7. Payment of USD 40 (US$ Forty only) per applicant for Workshop/Seminar/Meeting/Research visa fees can be made by Cashier's check or Money Order. Payment arranged through Credit Card/Personal Check is not accepted**.**
8. **Incomplete application will be rejected at the counter. Incomplete application through courier service shall be sent back to its original destination.**

Visa Information

- The stay for Workshop/Seminar/Meeting Visa is exactly **28 days**, Only Research Visa is extendable.
- The validity of the Workshop/Seminar/Meeting / Research Visa is 3 months from the date of issue, which cannot be renewed or refunded. Myanmar Mission will issue visa for completed application as soon as receive it. Myanmar Mission will not take any responsible for too early and too late applications.

Visa Processing Time

- Minimum 3 working days for complete application.

Photography Guide (2 Photos for Workshop/Seminar/Meeting/Research Visa)

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

CONSULATE GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR, NEW YORK

Application for Workshop / Seminar / Meeting / Research Visa

Photo 2x2 inches white background

1. Name in full (In Block Letters)
   _____/_____/_____
   (First Name) (Middle Name) (Last Name)
2. Father's Name _____/_____/_____
   (First Name) (Middle Name) (Last Name)
3. Date of birth (dd/mm/yyyy)___/____/_____ 4. Place of birth _____
5. Nationality _____6. Sex ☐(F) / ☐(M)
7. Present Occupation _____
8. Marital Status: ☐Married ☐ Separated ☐Divorced ☐Widowed ☐ Single
9. Spouse's Full Name: _____
10. **Passport**
    (a) Number _____(b) Date of issue (dd/mm/yyyy)____/_____/_____
    (c) Place of issue _____(d) Issuing authority _____
    (e) Date of expiry (dd/mm/yyyy)____/_____/_____
11. Permanent Address in US_____
12. Contact Phone Number (Res.) _____(Work)_____(e-mail)_____
13. Address in Myanmar _____
14. Purpose of entry into Myanmar _____
15. Expected Date of **Arrival:** __/__/__ Flight No. _____ **Departure:** __/__/__ Flight No. _____
16. Name and Address of Guarantor during stay in Myanmar _____
    _____
17. **Attention for Applicants**
    (a) 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.
    (b) Legal actions 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.

_____
Signature of Applicant

Date :_____

(FOR OFFICIAL USE ONLY)

Visa No. _____ Date _____
Visa Authority _____

Signature of Office-in-Charge
Consulate General of the Republic of the Union of Myanmar, New York.

Contact: Tel. (212) 744 1271 / 1275 Fax. (212) 744 1290
e-mail: consulatemyanmarny@gmail.com

CONSULATE GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR, NEW YORK

Work History for Visa Applicant

Photo 2x2 inches white background

1. Name in full (In Block Letters)
   _____/_____/_____
   (First Name) (Middle Name) (Last Name)
2. Date of birth_____/_____/_____
3. Place of birth _____
4. Permanent Home Address: (Include Apartment Number, Street, City, State or Province & Postal Zone)

   _____

   _____
5. Telephone Number
   Home: _____ Work: _____
6. Work Description- Current:
   (a) Job Title: _____From-To (mm/yy) _____
   (b) Office/Section/Division_____
   (c) Describe your Duties: _____

   _____

   _____
7. Work Description- Previous:
   (a) Job Title: _____From-To (mm/yy) _____
   (b) Office/Section/Division_____
   (c) Describe your Duties: _____

   _____

   _____
8. Work Description- Previous:
   (a) Job Title: _____From-To (mm/yy)_____
   (b) Office/Section/Division_____
   (c) Describe your Duties: _____

   _____

   _____

I hereby declare that the particulars given above are true and correct.

Signature of Applicant

Date: _____