**International Visitor Application Form**

**University of Zanjan**

The following information is required in order to provide invitation letters and facilitate visa application procedure through the Ministry of Science, Research and Technology and the Ministry of Foreign Affairs. This also helps us provide facilities needed for implementing your programme. Please use your passport records to fill out the personal and passport information and send it as a Microsoft Word file to your contact person address.

For further information please contact:

Dr. …….

Director of International Scientific Cooperation Office
University of Zanjan
Zanjan
Post code: 45371-38111
Iran
Fax: +98 (0)24 33052593
Phone   +98 (0)24 33052593

Email: international@znu.ac.ir

1. **Personal Information**

|  |  |
| --- | --- |
| First Name(s)/Given Name(s) (as stated in passport) | ………….. |
| Last Name/Family Name/Surname (as stated in passport) | ………….. |
| Gender | ………….. |
| Marital Status | ………….. |
| Father's Name | ………….. |
| Date Of Birth | dd/mm/year |
| Country of Birth | ………….. |
| Place of Birth | ………….. |
| Nationality | ………….. |
| previous Nationality | ………….. |
| Grandfather’s Name (for Arabic countries Nationalities) | ………….. |
| Passport:Passport No | ………….. |
| Passport Type | ………….. |
| Date of Issue | dd/mm/year |
| Place of Issue | ………….. |
| Expiry Date | dd/mm/year |
| Occupation | ………….. |
| Job title /Position | ………….. |
| Institution/ Company | ………….. |
| Activity/ Type of institution | ………….. |
| Number of Previous travels to Iran | ………….. |
| Visa Type | ………….. |
| Visa Issuance Place  | ………….. |
| Duration of Stay In IRAN | ……… days |
| The Last Date of Entry To IRAN | dd/mm/year |
| Expected date of arrival to Iran | ………….. |
| Expected date of departure from Iran | ………….. |

**Address:**

|  |  |
| --- | --- |
| Street, number/PO Box |  |
| Postal code, city |  |
| Country |  |
| Telephone number |  |
| * Mobile number
 |  |
| * Fax
 |  |
| * E-Mail
 |  |

**Please attach the following documents as separate files or insert them here:**

**a) A passport size photo with Jpg extension.**

**b) Copy of your passport (the page showing your details and the expiry date of passport)**

**\*For visa application, your passport must be valid for at least six months, so when you send us your application form please consider that we need three months extra time for administrative procedures (overall 9 months).**

**\*\* The participants from some nationalities such as Turkey and Malaysia do not need visa for short visits to Iran. Please check your visa requirement through the Iranian embassies in your country before application. In case of any queries in this regard, please do not hesitate to contact us.**

1. **Itinerary and ticket information**

|  |  |
| --- | --- |
| * Arrival
 |  |
| * From: ……………………………………
 | Departure Date (or expected date in your ticket): …………………………………………………….Time (or expected time in your ticket): ……………………………………………………. |
| * To (the place in Iran): ……………………………
 | Arrival date (or expected date in your ticket): …………………………………………………….Time (or expected time in your ticket): ……………………………………………………….. |
| * From ……… to Zanjan
 | Departure:Arrival: |
| * Return
 |  |
| * From Zanjan to ………
 | Departure:Arrival:  |
| * From (the place in Iran):
* ………………………………………..
 | Departure Date (or expected date in your ticket): …………………………………………………….Time (or expected time in your ticket): ……………………………………………………. |
| * To: ………………….........
 | Arrival date (or expected date in your ticket): …………………………………………………….Time (or expected time in your ticket): ……………………………………………………….. |

1. **Which of the following components will be provided/ paid by University of Zanjan?**

|  |
| --- |
| Flight ticket Transport in Iran Accommodation Others:  |
| ……………………………………………………. |
| ……………………………………………………. |

1. **Programme in University of Zanjan**

|  |
| --- |
| Title of the programme: ………………………………………………………………… |
| Type of programme you are to provide/ participate |
|  Workshop  Seminar/ conference/ Congress Training course Lecture/ speech Meeting Field study/ research Others: ……………………………………………………. |

**Please provide a brief description of your programme in the following table:**

|  |  |
| --- | --- |
| Date | Description |
|  | ------ |
|  | ----- |
|  |  |

|  |  |
| --- | --- |
| The expected number of audience/ participants in the programme | ……………… |
| The facilities required for your programme | ……………… ……………………………… ……………………………… ……………… |

1. **Contact person in the University of Zanjan**

|  |  |
| --- | --- |
| Family name: |  |
| Name: |  |
| Department |  |
| Telephone number |  |
| * Mobile number
 |  |
| * Fax
 |  |
| * E-Mail
 |  |

|  |
| --- |
| Remarks: |

|  |  |
| --- | --- |
| * Date:
 | Signature:  |