



No. \_\_\_\_\_

**የኢ.ሚ.ግ.ሬ.ሽንና የዜግነት ጉዳይ ዋና መምሪያ**  
**MAIN DEPARTMENT FOR IMMIGRATION & NATIONALITY AFFAIRS**  
**የማመልከቻ ቅጽ/APPLICATION FORM/**

**ፓስፖርት**  
**PASSPORT**

**የይለፍ ሰነድ**  
**LAISSEZ-PASSER**

**ሀጂና ዑምራ**  
**PILGRIM**

**ቅያሬ**  
**REISSUE**

**ያስተውሉ! /NB**

- ይህን የማመልከቻ ቅጽ መሙላት የሚችለው ኢትዮጵያዊ ብቻ ነው።  
THIS APPLICATION FORM IS TO BE FILLED BY ETHIOPIAN'S ONLY.
- ከአንድ በላይ በሆነ የኢትዮጵያ የጉዞ ሰነድ መጠቀም ከሀጂና ዑምራ ተጓጉሮ በስተቀር በጥብቅ የተከለከለ ነው።  
TO USE MORE THAN ONE TRAVEL DOCUMENT IS STRICTLY PROHIBITED EXCEPT PILGRIM.
- የይለፍ ሰነድ ፓስፖርት ለሌውና ከውጭ ወደ አገሩ ለሚመለስ ኢትዮጵያዊ ይሰጣል።  
LAISSEZ-PASSER SHALL BE ISSUED TO AN ETHIOPIAN WHO IS NOT HOLDING A PASSPORT AND IS RETURNING FROM ABROAD

**I. የአመልካች /APPLICANT'S**

ሥም \_\_\_\_\_  
NAME \_\_\_\_\_

የአባት ሥም \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_

የአያት ሥም \_\_\_\_\_  
G'FATHER'S NAME \_\_\_\_\_

ጾታ/SEX: ወንድ/MALE  የትውልድ ዘመን: ቀን \_\_\_\_\_ /ወር \_\_\_\_\_ /ዓ.ም. \_\_\_\_\_ የትውልድ ቦታ \_\_\_\_\_  
ሴት/FEMALE  DATE OF BIRTH: DD \_\_\_\_\_ /MMM \_\_\_\_\_ /YYYY \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ቁመት \_\_\_\_\_ የዓይን ቀለም \_\_\_\_\_ የፀጉር ቀለም \_\_\_\_\_ ሥራ \_\_\_\_\_  
HEIGHT \_\_\_\_\_ COLOUR OF EYES \_\_\_\_\_ COLOUR OF HAIR \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**II. የጋብቻ ሁኔታ /MARITAL STATUS**

ያላገባች/  SINGLES  
ያላገባች/  MARRIED  
ሌላ ካለ: \_\_\_\_\_  
IF OTHER, SPECIFY \_\_\_\_\_

**III. የመኖሪያ አድራሻ /RESIDENCE ADDRESS**

**አገር ውስጥ/LOCAL**  
ክልል/REGION \_\_\_\_\_  
ዞን/ZONE \_\_\_\_\_  
ወረዳ/ክፍለ ከተማ/WOREDA/K.KETEMA \_\_\_\_\_  
ቀበሌ/KEBELE \_\_\_\_\_  
የቤት ቁጥር/HOUSE No. \_\_\_\_\_  
ስልክ ቁጥር/PHONE No. \_\_\_\_\_

**ውጭ አገር/ABROAD**  
አገር/COUNTRY \_\_\_\_\_  
ከተማ/CITY \_\_\_\_\_  
የጎዳናው ስም/STREET NAME \_\_\_\_\_  
ስልክ ቁጥር/PHONE NO. \_\_\_\_\_  
ፖስት ሳጥን ቁጥር/P.O.BOX \_\_\_\_\_  
ኢ-ሜይል/E-MAIL \_\_\_\_\_

**IV. ማመልከቻ ያቀረበው /APPLICATION PRESENTED BY:-**

አመልካች  ወላጅ  ተወካይ  ሞግዚት   
APPLICANT  PARENT  PROXY  GUARDIAN

ከዚህ በላይ በዝርዝር ያሰፈርኳቸው ሁሉ የተሟሉ፣ ዕውነተኛ ትክክለኛ ቃሉ መሆናቸውን አረጋግጣለሁ።  
I, THE UNDERSIGNED DECLARE THAT THE ABOVE STATEMENTS ARE COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ሙሉ ሥም/FULL NAME \_\_\_\_\_ ፊርማ/SIGNATURE \_\_\_\_\_ ቀን /DATE \_\_\_\_\_