



VISA APPLICATION FORM

GIVEN NAME: VISHAL CHANDRA SEHGAL		FAMILY NAME:	
FATHER'S NAME: JAGDISH CHANDRA SEHGAL		MOTHER'S NAME: KAMLESH SEHGAL	
DATE OF BIRTH: 29-04-1971	PLACE OF BIRTH: VARANASI	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY:
GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW		RELIGION: HINDU
CONTACT NUMBER: +91-9599886681	PERMANENT ADDRESS: S-18/2-B 2/2 ANANTA COLONY, NADESAR, VARANASI, U.P - 221002		
EMAIL: Vrhealthscience@gmail.com	CURRENT ADDRESS: WH-7L, FIRST FLOOR, MAYAPURI, INDUSTRIAL AREA, PHASE-1, DELHI-110064		
DESIGNATION:	COMPANY NAME:	ADDRESS OF COMPANY/ EMPLOYER:	
TYPE OF TRAVEL DOCUMENT:			
<input checked="" type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.:	DATE OF ISSUE:	DATE OF EXPIRY:	PLACE OF ISSUE:
ADDRESS DURING YOUR STAY IN LEBANON: Rawsheh 51, Australia street, Rawsheh.			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON:	
RELATIONSHIP TO HOST IN LEBANON: _____		CONTACT NUMBER: _____	
MAIN PURPOSE(S) OF VISIT:			
<input checked="" type="checkbox"/> TOURISM <input type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT			
EXPLAIN for Visiting			
DATE OF ARRIVAL: 16-01-2023	DURATION OF STAY: 30 DAYS	ACCOMPANIED BY:	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input checked="" type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHEN (DD/MM/YYYY) _____			
ENTERING LEBANON: <input checked="" type="checkbox"/> BY AIR <input type="checkbox"/> BY LAND <input type="checkbox"/> BY SEA			

*My signature engages my responsibility and subjects me to penalties specified by law in the event of giving a wrong declaration.
*I hereby agree not to undertake any work in Lebanon of any kind paid or unpaid.

DATE: **14/12/2022**

SIGNATURE:

FOR OFFICIAL USE ONLY		FEES COLLECTED	
VISA NO.: _____ / _____ / _____	DATE OF ISSUE: ____ / ____ / ____	<input type="checkbox"/> 6600 RS	<input type="checkbox"/> 131250 L.L
VISA TYPE: <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL		<input type="checkbox"/> 9400 RS	<input type="checkbox"/> 187500 L.L
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE		<input type="checkbox"/> 13150 RS	<input type="checkbox"/> 262500 L.L
DURATION OF STAY: <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 1 MONTH <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS		RECEIPT: _____	

IMPORTANT: "IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"