



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

PHOTO

VISA APPLICATION FORM

GIVEN NAME: VISHAL		FAMILY NAME: MANGAL	
FATHER'S NAME: DARSHAN KUMAR		MOTHER'S NAME: PARWATI DEVI	
DATE OF BIRTH: 05/12/1986	PLACE OF BIRTH: FEROZEPUR, PUNJAB	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: 9205500338	PERMANENT ADDRESS: FLAT-2443 CLOVER HIGHLANDS NIBM ROAD KONDHWA, PUNE -411048, INDIA		
EMAIL: VISHAL-RIMSHI@REDIFFMAIL.COM	CURRENT ADDRESS: 4/1 SHAITAN SINGH ENCCAVE STAFF ROAD, AMBALA CANTT, HARYANA -133001		
DESIGNATION: Lt Col	COMPANY NAME: MILITARY HOSPITAL	ADDRESS OF COMPANY/ EMPLOYER: MILITARY HOSPITAL, AMBALA CANTT 90207, HARYANA, INDIA	
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.: T6250429	DATE OF ISSUE: 14/06/2019	DATE OF EXPIRY: 13/06/2029	PLACE OF ISSUE: PUNE
ADDRESS DURING YOUR STAY IN LEBANON: IMT UNIFIL HOSP, NAQOURA, PO BOX 199, C/O 1680 FPO, C/O 56 APO, South Lebanon			
NAME OF REFERENCE IN LEBANON: KAMINDER BIR KAUR	ADDRESS OF REFERENCE IN LEBANON: IMT UNIFIL HOSP, NAQOURA PO BOX 199, C/O, 1680, FPO, C/O 56 APO, South Lebanon		
RELATIONSHIP TO HOST IN LEBANON: SPOUSE	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 Going to meet my wife as a tourist with my Daughter.			
DATE OF ARRIVAL: 12/03/2023	DURATION OF STAY: 14 DAY'S	ACCOMPANIED BY: DAUGHTER (AALIYAH GUPTA)	
NUMBER OF ENTRIES: <input checked="" type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - IF YES, WHEN (DD/MM/YYYY) 25/12/22 - 08/01/23			
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: ____/____/____

SIGNATURE: **Vishal**

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"

For further informations please visit us on Embassy of Lebanon in New Delhi (@embassy.of.lebanon.in.india)

Embassy of Lebanon, India (@embassy_lebanon)

www.embassyoflebanon.in