



VISA APPLICATION FORM

GIVEN NAME: SAM	RINA	FAMILY NAME: BAJAJ			
FATHER'S NAME: KARAMOIT SINGH		MOTHER'S NAME: JATINDER KAUR			
DATE OF BIRTH:	PLACE OF BIRTH: CURRENT NATIONALITY:		OTHER NATIONALITY:		
14- JAN-1990	AMRITSAR, PUNJAB	INDIAN	N		
GENDER:	MARITAL STATUS:	RELIGION:			
☐ MALE ☐ FEMALE	☐ SINGLE ☐ MARRIED ☐ SEPARA	TED DIVORCED WIDON	N HINDO		
CONTACT NUMBER: PERMANENT ADDRESS: BHOLT 9A, LANENO 2, DASUNDHA SINGH ROAD					
+91 9780626718 NR NAYYAR HOSPITAL, AMRITSAR, PIN: 143001, PUNJAB, INDIA					
EMAIL: BHOLITRAVELSOMESAUGICO CURRENT ADDRESS: BHOLI 9A, LAME NOZ DASUNDHA SINGH ROAD @ 7000. GNR NAYYAR HOSPITAL, AMRITSAR, PIN: 143001, PONJAG, INDIA					
DESIGNATION: COMPANY NAME: ADDRESS OF COMPANY EMPLOYER: B- BLOCK 106 CHYOND					
PARTNER	COMPANY NAME: ADDRESS OF COMPANY/EMPLOYER: B-BLOCK, 106, CWOOND MIS RHOLITRAVELSOME FLOOR BASEMENT, DISTISHOPPING COMPLEX: NEAR SERVICES OLD PASSERT OFFICE, AMRITSAR, PUNJAB, 143001, INDIA				
		SSIGKT OFFICE, AMRITSAK	r Punisab, 14	3001, INDIA	
TYPE OF TRAVEL DOCUM	ENT:				
☑ ORDINARY PASSPORT	☐ DIPLOMATIC PASSPORT ☐ C	OFFICIAL PASSSPORT	SERVICE PASS	PORT	
PASSPORT NO.:	DATE OF ISSUE:	DATE OF EXPIRY:	PLACE OF IS	SSUE:	
W 2281 3 63	17-10-2022	16-10-2032	AMRITSA	R	
ADDRESS DURING YOUR STAY IN LEBANON: INTERCONTINENTAL MZAAR. MZAAR, OUYOUN EL SIMANE, KFALDEBIAN, LEBANON					
NAME OF REFERENCE IN LEB					
ADDRESS OF REFERENCE IN ELBANON.					
RELATIONSHIP TO HOST IN LEBANON: CONTACT NUMBER:					
MAIN PURPOSE(S) OF VISIT:					
☐ TOURISM ☐ BUSINES		☐ OFFICIAL ☐ FAM	ILY/ FRIENDS	☐ TRANSIT	
EXPLAIN FOR Businers Meeting					
DATE OF ARRIVAL:	DURATION OF STAY:	ACCOMPANIED BY: M	SAN YAB	BAJAS	
DATE OF ARRIVAL: DURATION OF STAY: 28-JONE-2023 DURATION OF STAY: ACCOMPANIED BY: MR. SAN YAB BAJAS (HUSBAND) AND PARTHER IN COMPANY					
NUMBER OF ENTRIES: ☑ SINGLE ENTRY □ DOUBLE ENTRY □ MULTIPLE ENTRY					
PREVIOUSLY VISITED LEBANON: DIO YES - IF YES, WHEN (DDIMM/YYYY)					
ENTERING LEBANON: DEY AIR DEY LAND DEY 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.					
*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://					
FOR OFFICIAL USE ONLY			FEES COLLEC	EES COLLECTED	
VISA NO.:// DATE OF ISSUE://			□ 6600 RS	□ 131250 L.L	
			□ 9400 RS	□ 187500 L.L	
NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE			☐ 13150 RS	□ 262500 L.L	
DUDATION OF STAY, THE DAYS THE MONTH OF SHOUTHS					
DURATION OF STAY: 15 DAYS 1 MONTH 3 MONTHS 6 MONTHS			RECEIPT:		
MPORTANT: "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