



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: SAMARJEET SINGH		FAMILY NAME: MALHI	
FATHER'S NAME: NAKSHSTAR SINGH		MOTHER'S NAME: SURENDER KAUR	
DATE OF BIRTH: 07.11.1988	PLACE OF BIRTH: ANOOPGARH, RAJASTHAN	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: NA
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: 09968384387	PERMANENT ADDRESS: VIL-57 GB, PO-RAMSINGHPUR, TEH-ANOOP GARH, SRI GANGANAGAR, RAJASTHAN-335703		
EMAIL: finance@indianathletics.in	CURRENT ADDRESS: SAME AS ABOVE		
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.: S0929438	DATE OF ISSUE: 30.05.2018	DATE OF EXPIRY: 29.05.2028	PLACE OF ISSUE: JAIPUR
ADDRESS DURING YOUR STAY IN LEBANON: Hotel Ramada Plaza, Australia St., P.O. Box 135881, Beirut, Lebanon, +9611 810-555			
NAME OF REFERENCE IN LEBANON: Mr. Wassim EL HAWLY	ADDRESS OF REFERENCE IN LEBANON: LEBANESE ATHLETICS FEDERATION, DEKWANEH, NAFAAA STREET, BOU ABOUD BLDG, 4 TH FLOOR, LEBANON		
RELATIONSHIP TO HOST IN LEBANON: _____	CONTACT NUMBER: +961 1695253		
MAIN PURPOSE(S) OF VISIT:			
<input 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 <u>Sports Competition</u>			
DATE OF ARRIVAL: 20/07/2023	DURATION OF STAY: 25/07/2023	ACCOMPANIED BY:	
NUMBER OF ENTRIES: <input checked="" type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input checked="" 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: 18/07/2023

SIGNATURE: Samarjeet

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"