



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

PHOTO

VISA APPLICATION FORM

GIVEN NAME: ABHISHEK SRIVASTAVA		FAMILY NAME:	
FATHER'S NAME: MOTI CHANDRA SRIVASTAVA		MOTHER'S NAME: SUMAN SRIVASTAVA	
DATE OF BIRTH: 16.06.1975	PLACE OF BIRTH: JAUNPUR	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: 9811491386	PERMANENT ADDRESS: E-1434, GAUR CASCADES, RAJNAGAR EXTN. GHAZIABAD		
EMAIL: ABHISHEKS.CSDA@NIC.IN	CURRENT ADDRESS: same as permanent address		
DESIGNATION: SECTION OFFICER	COMPANY NAME: Min. of Defence	ADDRESS OF COMPANY/ EMPLOYER: Ministry of Defence	
TYPE OF TRAVEL DOCUMENT: <input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input checked="" type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.: 0 1667389	DATE OF ISSUE: 13.06.2023	DATE OF EXPIRY: 12.06.2025	PLACE OF ISSUE: New Delhi
ADDRESS DURING YOUR STAY IN LEBANON: UNIFIL (UN Peacekeeping Mission)			
NAME OF REFERENCE IN LEBANON: UNIFIL		ADDRESS OF REFERENCE IN LEBANON: UNIFIL	
RELATIONSHIP TO HOST IN LEBANON: OFFICIAL		CONTACT NUMBER: _____	
MAIN PURPOSE(S) OF VISIT: <input type="checkbox"/> TOURISM <input type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input checked="" type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT EXPLAIN Audit of UN Mission in Lebanon			
DATE OF ARRIVAL: 03.07.2023	DURATION OF STAY: 7 day	ACCOMPANIED BY: Officials	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input checked="" 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: **16/06/2023**

SIGNATURE: **Abhishek**

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