



## **VISA APPLICATION FORM**

GIVEN NAME: ANNU				FAMILY NAME: RANI			
FATHER'S NAME: AMAR PAL				MOTHER'S NAME: MUNNI			
DATE OF BIRTH: 29.08.1992	PLACE OF BIRTH: MEERUT, U		IP	CURRENT NATIONALITY: INDIAN	OTHER NATIO	DNALITY: NA	
GENDER:	MARITAL STATUS:				RELIGION: HI	NDU	
☐ MALE 1 FEMALE	ALE DEFEMALE SINGLE MARRIED SEPARATED DIVORCED WIDOW						
CONTACT NUMBER: 09968384387		PERMANENT ADDRESS: VILL. AND POST BAHADARPUR, TEHSIL SARDHANA, MEERUT- 250341, UTTAR PRADESH					
EMAIL: finance@indianathletics.in		CURRENT ADDRESS: SAME AS ABOVE					
DESIGNATION: COMPANY NAME: ADDRESS OF COMPANY/ EMPLOYER:							
TYPE OF TRAVEL DOCUMENT:							
ORDINARY PASSPORT DIPLOMATIC PASSPORT DIFFICIAL PASSSPORT SERVICE PASSPORT							
PASSPORT NO.: U2020648		DATE OF ISSUE: 17.	12.2019	DATE OF EXPIRY: 16.12.2029	PLACE OF IS	SUE: GHAZIABAD	
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: ADDRESS OF REFERENCE IN LEBANON: LEBANESE ATHLETICS FEDERATION, Mr. Wassim EL HAWLY DEKWANEH, NAFAAA STREET, BOU ABBOUD BLDG, 4 <sup>TH</sup> FLOOR, LEBANON							
RELATIONSHIP TO HOST IN LEBANON: CONTACT NUMBER: +961 1695253							
MAIN PURPOSE(S) OF VISIT:							
TOURISM   BUSINESS   MEDICAL   EDUCATION   OFFICIAL   FAMILY/ FRIENDS   TRANSIT    EXPLAIN   Sport   Complete to the complet							
						,	
23/01/							
NUMBER OF ENTRIES: SINGLE ENTRY □ DOUBLE ENTRY □ MULTIPLE ENTRY							
PREVIOUSLY VISITED LEBANON: TO YES - IF YES, WHEN (DD/MM/YYYY)							
ENTERING LEBANON: 1 BY AIR							
*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: Rawv							
FOR OFFICIAL USE ONLY					FEES COLLECTED		
VISA NO.:					☐ 6600 RS	☐ 131250 L.L ☐ 187500 L.L	
VISA TYPE: □ TOURIST □ BUSINESS □ DIPLOMATIC □ OFFICIAL					☐ 9400 RS ☐ 13150 RS	□ 262500 L.L	
NUMBER OF ENTRIES:	INGLE [	DOUBLE   MUL	TIPLE		13130 K3		
DURATION OF STAY:   15 DAYS   1 MONTH   3 MONTHS   6 MONTHS   RECEIPT:							

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