



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: ARVIND KUMAR		FAMILY NAME: MUTHU KRISHNAN	
FATHER'S NAME: MUTHU KRISHNAN		MOTHER'S NAME: AMIRTHAVALLI	
DATE OF BIRTH: 16/03/2000	PLACE OF BIRTH: CHENNAI	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: INDIAN
GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW	RELIGION: HINDU	
CONTACT NUMBER: 9818085174	PERMANENT ADDRESS: NO RP-6 FORE SHORE ESTATE SAN THOME HIGH ROAD PATTINAPAKKAM		
EMAIL:	CURRENT ADDRESS: SAME AS ABOVE CHENNAI		
DESIGNATION: PLAYEAR	COMPANY NAME: BASKET BALL FEDRATION	ADDRESS OF COMPANY/ EMPLOYER: 148 BARAKHAMBA ROAD STATMENT HOUSE NEW DECHI -110001	
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.: N-8775469	DATE OF ISSUE: 30/3/2016	DATE OF EXPIRY: 29/03/2026	PLACE OF ISSUE: CHENNAI
ADDRESS DURING YOUR STAY IN LEBANON: WHITE HOUSE HOTEL BLOCK 3RD FLOOR BEIRUT LEBANON			
NAME OF REFERENCE IN LEBANON: MR-CHARBEL RIZK		ADDRESS OF REFERENCE IN LEBANON: LEBANON BASKETBALL FEDRATION	
RELATIONSHIP TO HOST IN LEBANON:		CONTACT NUMBER: +9614722033	
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 FIBA CUP -2023			
DATE OF ARRIVAL: 8/11/2022	DURATION OF STAY: 10 DAYS	ACCOMPANIED BY: BASKETBALL FEDRATION INDIA	
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) NA			
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: **27/10/2022**

SIGNATURE: **M. J. J. J.**

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"