



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: AMIT BIKRAM NARAYAN PANDEY		FAMILY NAME:	
FATHER'S NAME: BUDHISAQAR PADEY		MOTHER'S NAME: SARASWATI PANDEY	
DATE OF BIRTH: 10/11/1983	PLACE OF BIRTH: BARKARAJPUR	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: 620 1074 935	PERMANENT ADDRESS: 96 MED REGT, UNDOF CONTINGENT		
EMAIL: UNPASSPORT7@GMAIL.COM	CURRENT ADDRESS: KHANPUR CAMP, NEW DELHI, 110062		
DESIGNATION: SQT	COMPANY NAME: INDIAN ARMY	ADDRESS OF COMPANY/ EMPLOYER: LEBANON	
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.: O 1653704	DATE OF ISSUE: 10/10/2022	DATE OF EXPIRY: 09/10/2024	PLACE OF ISSUE: NEW DELHI
ADDRESS DURING YOUR STAY IN LEBANON: UNMISSION			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON:	
RELATIONSHIP TO HOST IN LEBANON:		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 UNMISSION			
DATE OF ARRIVAL:	DURATION OF STAY: 2 MONTHS	ACCOMPANIED BY:	
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: **02/11/2022**

SIGNATURE:

FOR OFFICIAL USE ONLY

VISA NO.: _____ / _____ / _____ DATE OF ISSUE: _____ / _____ / _____

VISA TYPE: TOURIST
 BUSINESS
 DIPLOMATIC
 OFFICIAL

NUMBER OF ENTRIES: SINGLE
 DOUBLE
 MULTIPLE

DURATION OF STAY: 15 DAYS
 1 MONTH
 3 MONTHS
 6 MONTHS

FEES COLLECTED

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> 6600 RS | <input type="checkbox"/> 131250 L.L |
| <input type="checkbox"/> 9400 RS | <input type="checkbox"/> 187500 L.L |
| <input type="checkbox"/> 13150 RS | <input type="checkbox"/> 262500 L.L |

RECEIPT: _____

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