

VISA APPLICATION FORM



GIVEN NAME: ARYAN		FAMILY NAME: RIA	
FATHER'S NAME: EMIGRATION CHECK REQUIRED		MOTHER'S NAME: MEE TU	
DATE OF BIRTH: 25-12-2002	PLACE OF BIRTH: DELHI	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: RIA
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: D2A/72B JAMAK PURI DELHI		
EMAIL: BARAKHAMBALIFE DERATIONINDIA@GMAIL.COM	CURRENT ADDRESS: D2A/72B JAMAK PURI DELHI		
DESIGNATION: PREYEAR	COMPANY NAME: BASKET BALL FEDRATION	ADDRESS OF COMPANY/ EMPLOYER: 148, BARAKHAMBIA ROAD STATMENT HOUSE NEW DELHI - 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.: 53189728	DATE OF ISSUE: 01-06-2018	DATE OF EXPIRY: 31-05-2028	PLACE OF ISSUE: DELHI
ADDRESS DURING YOUR STAY IN LEBANON: WHITE HOUSE HOTEL BLACK 3RT FLOOR BEIROT LEBANON			
NAME OF REFERENCE IN LEBANON: MR. CHARBEL RIZK		ADDRESS OF REFERENCE IN LEBANON: LEBANON BASKETBALL FEDREATION	
RELATIONSHIP TO HOST IN LEBANON: _____		CONTACT NUMBER: +96147 72033	
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 FEDERATION OF 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 (DDMMYYYY) 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: **30/10/2022**

SIGNATURE: **Anjer**

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"