

VISA APPLICATION FORM

GIVEN NAME: BIDHAN		FAMILY NAME: CHANDER	
FATHER'S NAME: KAPISHWAR SINGH		MOTHER'S NAME: GEETA SINGH	
DATE OF BIRTH: 15/06/1974	PLACE OF BIRTH: KANPUR, UTTAR PRADESH	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: 9560280293	PERMANENT ADDRESS: P 58/10, BAIRD PLACE, DELHI CANTT, DELHI PIN - 110010		
EMAIL: bindan@gmail.com	CURRENT ADDRESS: HQ of Mod Army, NEW DELHI PIN-110011		
DESIGNATION: Lt COL	COMPANY NAME: INDIAN ARMY	ADDRESS OF COMPANY/EMPLOYER:	
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.: 01655821	DATE OF ISSUE: 09/11/2022	DATE OF EXPIRY: 08/11/2024	PLACE OF ISSUE: NEW DELHI
ADDRESS DURING YOUR STAY IN LEBANON: FORCE HQ OF LEBANON			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON: FORCE HQ OF LEBANON (UNIFIL)	
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 _____			
DATE OF ARRIVAL: 06 Dec 2022	DURATION OF STAY: 01 Years	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: **02/12/2022**

SIGNATURE: **[Signature]**

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"