



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: GOVINDHARAJ		FAMILY NAME:	
FATHER'S NAME: SIVALINGAM		MOTHER'S NAME: KANTHA	
DATE OF BIRTH: 10/04/1980	PLACE OF BIRTH: MOTTUR, TAMIL NADU	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: 7303883039	PERMANENT ADDRESS: 96 MED REGT, UNDOF CONTINGENT		
EMAIL: UNPASSPORT7@GMAIL.COM	CURRENT ADDRESS: KHANPUR CAMP, NEW DELHI, 110062		
DESIGNATION: WO-II	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.: 01653703	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: 24 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"

For further informations please visit us on  Embassy of Lebanon in New Delhi (@embassy.of.lebanon.in.india)

 Embassy of Lebanon, India (@embassy_lebanon)