

EMBASSY OF LEBANON TO THE REPUBLIC OF INDIA



VISA APPLICATION FORM

| | FAMILY NAME; | |
|--|----------------------|---|
| GIVEN NAME: | DAGAR | |
| HARSH FATHER'S NAME: | MOTHER'S NAME: | |
| · | | |
| DATE OF BIRTH: PLACE OF BIRTH: | CURRENT NATIONALITY: | OTHER NATIONALITY: |
| 23 02 2005 BALLIYANVAS | INDIAN | INDIA |
| SEX: MARITAL STATUS: | | |
| MALE FEMALE SINGLE MARRIED SEPARATED DIVORCED WIDOW WINSDO | | |
| CONTACT NUMBER: PERMANENT ADDRESS: 592 BALLIYAVAS GWAL 98/8085174 PAMARI GURGAON-122003 | | |
| | | |
| SAME AS ASOVE | | |
| DESIGNATION: COMPANY NAME: ADDRESS OF COMPANY EMPLOYER: 198 1341607 | | |
| PLEYEAR FEDERATION STATMENT NEW DECKI | | |
| TYPE OF TRAVEL DOCUMENT: | | |
| DIPLOMATIC PASSPORT DIPLOMATIC PASSFORT DE EXPIDY: PLACE OF ISSUE: | | |
| PASSPORT NO.: DATE OF ISSUE: | 1 1- 21 | |
| V-4717290 28-12-2021 | | |
| NAME & ADDRESS OF REFERENCE IN LEBANON: WHITE HOUSE HOTEL BLOCK 3PD FLOOR DID HILL WAYS TSEI RUT | | |
| ADDRESS DURING YOUR STAY IN LEBANON: WHITE HOUSE HOLEL BLOK 3PI) HILOLOAYI BETROT | | |
| | | (ii): |
| MAIN PURPOSE(S) OF VISIT: | | |
| ☐ TOURISM ☐ BUSINESS ☐ MEDICAL ☐ EDUCATION ☐ OFFICIAL ☐ FAMILY/ FRIENDS ☐ TRANSIT | | |
| IDOTHER (please specify) F113A WORLD COF-2023 | | |
| DATE OF ARBIVAL: DURATION OF STAY: ACCOMPANIED BY: | | |
| 8/11/2022 10 DAYS | | |
| NUMBER OF ENTRIES: DSINGLE ENTRY DOUBLE ENTRY MULTIPLE ENTRY | | |
| PREVIOUSLY VISITED LEBANON: NO YES - IF YES, WHEN (DD/MM/YYYY) | | |
| ENTERING LEBANON: │□ BY AIR □ BY LAND □ 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: 11 | | |
| FOR OFFICIAL USE ONLY | | FEES COLLECTED |
| VISA NO.: 27 110 1/22 DATE | OF ISSUE:/ | ☐ 2625 RS ☐ 52500 L.L ☐ 3750 RS ☐ 75000 L.L |
| VISA TYPE: TOURIST BUSINESS DIPLOMATIC | OFFICIAL | □ 5750 RS □ 105000 L.L |
| NUMBER OF ENTRIES: SINGLE DOUBLE MUL | | _ 3200 115 2 110101 |
| DURATION OF STAY: ☐ 15 DAYS ☐ 1 MONTH ☐ 3 MON | | RECEIPT: |