



EMBASSY OF LEBANON  
TO  
THE REPUBLIC OF INDIA



**VISA APPLICATION FORM**

GIVEN NAME: JADHAV AKSHAY ANKUSH		FAMILY NAME:	
FATHER'S NAME: JADHAV ANKUSH ANNA		MOTHER'S NAME: ASHA	
DATE OF BIRTH: 24/07/1996	PLACE OF BIRTH: KANKATRE	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: 8600691005	PERMANENT ADDRESS: 96 MED REGT, UNDOF CONTINGENT		
EMAIL: UNPASSPORT7@gmail.com	CURRENT ADDRESS: KHANPUR CAMP, NEW DELHI 110062		
DESIGNATION: PTE	COMPANY NAME: INDIAN ARMY	ADDRESS OF COMPANY/ EMPLOYER: LEBANON	
<b>TYPE OF TRAVEL DOCUMENT:</b>			
<input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input checked="" type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.: 01653349	DATE OF ISSUE: 03/10/2022	DATE OF EXPIRY: 02/10/2024	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:	
<b>MAIN PURPOSE(S) OF VISIT:</b>			
<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 <u>UNMISSION</u>			
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: 29/10/2022

SIGNATURE:

<b>FOR OFFICIAL USE ONLY</b>		<b>FEES COLLECTED</b>	
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"