

EMBASSY OF LEBANON TO THE REPUBLIC OF INDIA

VISA APPLICATION FORM

GIVEN NAME:		FAMILY NAME:		
LOKENDRA		_SINGH		
FATHER'S NAME:		MOTHER'S NAME:		
LAXMAN	_SINGH	SUMIT	RA KANWAR	
1	PLACE OF BIRTH:	CURRENT NATIONALITY:	OTHER NATIONALITY:	
03 03 2005	PIPRALI	INDIA	INDIAN!	
GENDER: MARITAL STATUS: RELIGION:				
MALE FEMALE D'SINGLE MARRIED SEPARATED DIVORCED WIDOW 11 ND 0				
CONTACT NUMBER: PERMANENT ADDRESS: PIPRAN WARD NO-15				
98/8085774 DURGIAPURA SIKAR 332027				
EMAIL: CURRENT ADDRESS:				
- BAME AS ATSOVE				
DESIGNATION:	COMPANY NAME: ADDRES	SS OF COMPANY/ EMPLOYE	R: 148 BARD HHAMBA	
PLAYEAR	BASKETBALL ROAD FEDER ATION	BI LOWER GIRO	UNID STATMENT	
TYPE OF TRAVEL DOCUMENT:				
ORDINARY PASSPORT		OFFICIAL PASSSPORT	SERVICE PASSPORT	
PASSPORT NO.:	DATE OF ISSUE:	DATE OF EXPIRY:	PLACE OF ISSUE:	
Z-6927460 29/09/2022 28/09/2032 JAIPOR				
ADDRESS DURING YOUR STAY IN LEBANON: WHITE HOUSE HOTEL BLOK 3RD FLOOR DID HIGWAYS BEIRUT				
NAME OF REFERENCE IN LEBANON: ADDRESS OF REFERENCE IN LEBANON: LEBANESE BASKETBALL FEDERATION				
RELATIONSHIP TO HOST IN LEBANON: CONTACT NUMBER: 9614722673				
MAIN PURPOSE(S) OF VISIT:				
☐ TOURISM ☐ BUSINESS ☐ MEDICAL ☐ EDUCATION ☐ OFFICIAL ☐ FAMILY/ FRIENDS ☐ TRANSIT				
EXPLAIN_ FIBA WORLD (OP-2022				
DATE OF ARRIVAL: DURATION OF STAY: ACCOMPANIED BY:				
70116			DIA	
NUMBER OF ENTRIES: DINGLE ENTRY DOUBLE ENTRY MULTIPLE ENTRY				
PREVIOUSLY VISITED LEBANON: (YES - IF YES, WHEN (DD/MM/YYY)				
ENTERING LEBANON: DEY 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.				
I hereby agree not to undertake any work in Lebanon of any kind paid or unpaid. DATE: 27/16/2022 SIGNATURE:				
FOR OFFICIAL USE ONLY	7		FEES COLLECTED	
VISA NO.: /		SSUE: / /	☐ 6600 RS ☐ 131250 L.L	
			□ 9400 RS □ 187500 L.L	
VISA TYPE: TOURIST BUSINESS DIPLOMATIC OFFICIAL			☐ 13150 RS ☐ 262500 L.L	
NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE			, 1	
DURATION OF STAY: ☐ 15 DAYS ☐ 1 MONTH ☐ 3 MONTHS ☐ 6 MONTHS			RECEIPT:	

<u>IMPORTANT</u>: "IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"