



EMBASSY OF LEBANON  
TO  
THE REPUBLIC OF INDIA



### VISA APPLICATION FORM

GIVEN NAME: <b>RAGHAV</b>		FAMILY NAME: <b>AGRAMAL</b>	
FATHER'S NAME: <b>CHETAN</b>		MOTHER'S NAME: <b>DOLLY</b>	
DATE OF BIRTH: <b>16-07-1986</b>	PLACE OF BIRTH: <b>RAIPUR, CHHATTISGARH</b>	CURRENT NATIONALITY: <b>INDIAN</b>	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: <b>HINDU</b>	
CONTACT NUMBER: <b>9698279-71296</b>		PERMANENT ADDRESS: <b>H. NO. 82-83, JANTA BHAWAN LANE CHOUBEY COLONY, RAIPUR-492001</b>	
EMAIL: <b>dr_raghavagramal@yahoo.in</b>		CURRENT ADDRESS: <b>" ASABOUE "</b>	
DESIGNATION: <b>CONSULTANT MDS</b>	COMPANY NAME: <b>SHRI RAM DENTAL CLINIC</b>	ADDRESS OF COMPANY/ EMPLOYER: <b>NEAR VANDANA AUTO. OFF. VIVEKANAND ASHRAM, G. E. ROAD, RAIPUR-492001</b>	
<b>TYPE OF TRAVEL DOCUMENT:</b>			
<input checked="" type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.: <b>M8606677</b>	DATE OF ISSUE: <b>02-06-2015</b>	DATE OF EXPIRY: <b>01-06-2025</b>	PLACE OF ISSUE: <b>RAIPUR, INDIA</b>
ADDRESS DURING YOUR STAY IN LEBANON: <b>FAKIH HOSPITAL, KHAIZARAN MAIN STREET SAIDA-SOUR ROAD, SOUTH LEBANON, LEBANON.</b>			
NAME OF REFERENCE IN LEBANON: <b>NABIL FAKIH</b>		ADDRESS OF REFERENCE IN LEBANON: <b>FAKIH HOSPITAL KHAIZARAN MAIN STREET, SAIDA SOUR ROAD SOUTH LEBANON, LEBANON</b>	
RELATIONSHIP TO HOST IN LEBANON: <b>INVITEE</b>		CONTACT NUMBER: <b>+96181818100</b>	
<b>MAIN PURPOSE(S) OF VISIT:</b>			
<input type="checkbox"/> TOURISM <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT			
EXPLAIN _____			
DATE OF ARRIVAL: <b>29-11-2022</b>	DURATION OF STAY: <b>26 DAYS</b>	ACCOMPANIED BY: <b>MY COMPANY</b>	
NUMBER OF ENTRIES: <input checked="" type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHEN (DDMMYYYY) _____			
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: **11 / 11 / 2022**

SIGNATURE: **Raghav Agramal**

<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"**