



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: SEJIN		FAMILY NAME: MATHEW	
FATHER'S NAME: PAUL MATHEW		MOTHER'S NAME: SHOBHA MATHEW	
DATE OF BIRTH: 16-01-2000	PLACE OF BIRTH: THIRUVALLA	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: INDIA
GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW	RELIGION: HINDU	
CONTACT NUMBER: 9818085174	PERMANENT ADDRESS: CHANDRAPURATMIL VEEDU, TEEP THIRUVALLA PO, PATHANAMTHITTA KERLA		
EMAIL:	CURRENT ADDRESS: SAME AS ABOVE		
DESIGNATION: PLAYEAR	COMPANY NAME: BASKET BALL FEDERATION	ADDRESS OF COMPANY/ EMPLOYER: 148 BARAKHAMBRA ROAD B-1 LOWER STATEMENT NEW DELHI	
TYPE OF TRAVEL DOCUMENT: <input checked="" type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.: R-7275731	DATE OF ISSUE: 18/01/2018	DATE OF EXPIRY: 17/01/2028	PLACE OF ISSUE: TRIVANDROM
ADDRESS DURING YOUR STAY IN LEBANON: WHITE HOUSE HOTEL BLOCK-B 4TH FLOOR BEIRUT LEBANON			
NAME OF REFERENCE IN LEBANON: MR-CHARBEL RIZK	ADDRESS OF REFERENCE IN LEBANON: LEBANON BASKETBALL FEDERATION		
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 type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT EXPLAIN FIBA BASKETBALL WORLD CUP-2023			
DATE OF ARRIVAL: 08-11-2022	DURATION OF STAY: 10 DAYS	ACCOMPANIED BY: BASKET BALL INDIA	
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 (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: **27/10/2022**

SIGNATURE:

FOR OFFICIAL USE ONLY		FEES COLLECTED	
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"