



VISA APPLICATION FORM

GIVEN NAME: VASUNDHARA		FAMILY NAME: MISHRA	
FATHER'S NAME: SHASHI NATH MISHRA		MOTHER'S NAME: ARCHANA MISHRA	
DATE OF BIRTH: 20/06/1998	PLACE OF BIRTH: JAY KAY PURAM, RAJASTHAN	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: -
GENDER: <input type="checkbox"/> MALE <input checked="" 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: 7263956855		PERMANENT ADDRESS: K-1/217, WORLD BANK COLONY, BARRA, KANPUR, UTTAR PRADESH (208027)	
EMAIL: varshamishi20@gmail.com		CURRENT ADDRESS: -K1/217, WORLD BANK COLONY, BARRA, KANPUR, UTTAR PRADESH (208027)	
DESIGNATION: MEDICAL OFFICER	COMPANY NAME: INDIAN ARMY	ADDRESS OF COMPANY/ EMPLOYER: 191 FIELD REGIMENT, HANUTHANG, LEH (194106)	
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.: T4101183	DATE OF ISSUE: 10/06/2019	DATE OF EXPIRY: 09/06/2029	PLACE OF ISSUE : JAIPUR, RAJASTHAN
ADDRESS DURING YOUR STAY IN LEBANON: HOTEL LOST, BEIRUT, LEBANON			
NAME OF REFERENCE IN LEBANON: MAJ SAMITH KUMAR KV		ADDRESS OF REFERENCE IN LEBANON: MAJ SAMITH KUMAR KV, REGIMENTAL MEDICAL OFFICER, INDBAT XXIII, NAKKARKAWKABA, UNITED NATION POST (UNP)4-2, EBEL EL SAQI, BOX NO- 1701, LEBANON	
RELATIONSHIP TO HOST IN LEBANON: FRIEND		CONTACT NUMBER: +919915783839	
MAIN PURPOSE(S) OF VISIT:			
<input checked="" 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			
<input type="checkbox"/> EXPLAIN <u>for tourist purpose.</u>			
DATE OF ARRIVAL: 30 MAY 2023	DURATION OF STAY: 7 DAYS	ACCOMPANIED BY: -	
NUMBER OF ENTRIES: <input checked="" 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: 16/02/2023

Need 6 Months Visa.

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 RISKREJECTING THE APPLICATION"

For further informations please visit us on Embassy of Lebanon in New Delhi (@embassy.of.lebanon.in.india)

Embassy of Lebanon, India (@embassy_lebanon)

www.embassyoflebanon.in