





VISA APPLICATION FORM

GIVEN NAME:				FAMILY NAME:			
VIMALRAJ K				,			
FATHER'S NAME:				MOTHER'S NAME:			
KASI				INDIRANT			
DATE OF BIRTH:	PLACE OF BIRTH:		CURRENT NATIONALITY:	OTHER NAT	IONALITY:		
09/06/1984	MELPALLIPATTU		INDIAN				
GENDER:	MARITAL STATUS:				RELIGION:		
MALE FEMALE	☐ SINGLE ☑ MARRIED ☐ SEPARAT			TED DIVORCED WIDOW			
CONTACT NUMBER:		PERMANENT ADDRESS:					
8076135111		96 MED REGT UNDOF CONTINGENT					
EMAIL: (OM		CURRENT ADDRESS:					
UNIPASSPORT 7 60 GMAIL! KHAN PUR			LAMP NEW DELHI, 110062				
DESIGNATION:	IGNATION: COMPANY NAME: ADDRESS OF COMPANY/ EMPLOYER:						
SGT	INDIA	ENDIAN ARMY LEBANON					
TYPE OF TRAVEL DOCUMENT:							
☐ ORDINARY PASSPORT ☐ DIPLOMATIC PASSPORT ☐ OFFICIAL PASSSPORT ☐ SERVICE PASSPORT							
PASSPORT NO.:	DATE OF ISSUE:			DATE OF EXPIRY:	PLACE OF I		
01654006			22	12/10/2024	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:							
O THE THE PARTY OF							
MAIN PURPOSE(S) OF VISIT:							
☐ TOURISM ☐ BUSINESS ☐ MEDICAL ☐ EDUCATION ☐ OFFICIAL ☐ FAMILY/ FRIENDS ☐ TRANSIT							
EXPLAIN UNMISSION							
DATE OF ARRIVAL: DURATION OF STAY:				ACCOMPANIED BY:			
				ACCOMPANIED BT:			
24 MONTHS							
NUMBER OF ENTRIES: ☐ SINGLE ENTRY ☐ DOUBLE ENTRY ☐ MULTIPLE ENTRY							
PREVIOUSLY VISITED LEBANON: 4 NO DYES - IF YES, WHEN (DD/MM/YYYY)							
ENTERING LEBANON: 🗷 BY 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.							
DATE: 03/11/2022 SIGNATURE: Vinal							
FOR OFFICIAL USE ONLY					FEES COLLECTED		
VISA NO.:/ DATE OF ISSUE:/					□ 6600 RS	☐ 131250 L.L	
VISA TYPE: □ TOURIST □ BUSINESS □ DIPLOMATIC □ OFFICIAL					□ 9400 RS	□ 187500 L.L	
NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE					☐ 13150 RS	□ 262500 L.L	
DUBATION OF STAY OF STAYON OF A MONTHLY OF A							
DURATION OF STAY: ☐ 15 DAYS ☐ 1 MONTH ☐ 3 MONTHS ☐ 6 MONTHS							

 $\underline{\mathsf{IMPORTANT}}_{:} \text{``IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"}$