

EMBASSY OF LEBANON TO THE REPUBLIC OF INDIA

## VISA APPLICATION FORM

GIVEN NAME:			FAMILY NAME:				
VINOD DHEMAN							
FATHER'S NAME:			MOTHER'S NAME:				
KRISHAN	LAL		RAJBAL	ALA			
DATE OF BIRTH:	PLACE OF BIRTH:		CURRENT NATIONALITY:		OTHER NATIONALITY:		
25/05/1990	ASSANDH		INDIAN				
GENDER:	MARITAL STATUS		RELIGION:				
☐ MALE ☐ FEMALE	□ SINGLE □MA	ARRIED   SEPARA	TED DIVORCED WIDO	W HINDU			
CONTACT NUMBER:	PERMA	ANENT ADDRESS:					
9996662449		16 MED R	EGT, UNDOF	CONTIN	GENT		
I EMAIL:	CURRE	96 MED REGT, UNDOF CONTINGENT					
UNPASSPORT7(0) GI	NPASSPORT FORMAIL KHANPUR CAMP, NEW DELHI 110062 SIGNATION: COMPANY NAME: ADDRESS OF COMPANY/EMPLOYER:						
DESIGNATION:	COMPANY NAME: ADDRESS OF COMPANY/ EMPLOYER:						
PTE	INDIAN ARMY LEBANON						
TYPE OF TRAVEL DOCUMENT:							
			<u>/</u>				
			OFFICIAL PASSSPORT	☐ SERVICE PAS	SPORT		
PASSPORT NO.:	DATE OF	ISSUE:	DATE OF EXPIRY:	PLACE OF I	SSUE:		
01653A50	04/	10/2022	D3   10   20 24	NEW	DELHI		
ADDRESS DURING YOUR STAY IN LEBANON:							
NAME OF REFERENCE IN LEB	ANON:	ADDRESS OF REFER	RENCE IN LEBANON:				
RELATIONSHIP TO HOST IN LEBANON: CONTACT NUMBER:							
MAIN PURPOSE(S) OF VISIT:							
		- EDUCATION	» OFFICIAL   FAI	WILT/ PRIENDS	☐ TRANSIT		
EXPLAIN UNM SSION							
DATE OF ARRIVAL:	DURATION OF STAY: ACCOMPANIED BY:						
24 MONTHS							
NUMBER OF ENTRIES: ☐ SINGLE ENTRY ☐ DOUBLE ENTRY ☑ MULTIPLE ENTRY							
PREVIOUSLY VISITED LEBANON: NO YES - 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: 28 1 (0 1 20 2 2							
FOR OFFICIAL USE ONLY				FEES COLLEC	ES 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			
DURATION OF STAY: ☐ 15 DAYS ☐ 1 MONTH ☐ 3 MONTHS ☐ 6 MONTHS				RECEIPT:	CEIPT:		

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