



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

PHOTO

VISA APPLICATION FORM

GIVEN NAME: VISHAL		FAMILY NAME: MANGAL	
FATHER'S NAME: DARSHAN KUMAR		MOTHER'S NAME: PARWATI DEVI	
DATE OF BIRTH: 05/12/1986	PLACE OF BIRTH: FEROZEPUR, PUNJAB	CURRENT NATIONALITY: INDIAN	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		
CONTACT NUMBER: +919205500338	PERMANENT ADDRESS: FLAT-2443, CLOVER HIGHLANDS, 4th FLOOR, NIBM ROAD KONDHWA, PUNE, 411040, INDIA		
EMAIL: VISHAL.RIMSHI@REDIFFMAIL.COM	CURRENT ADDRESS:		
DESIGNATION: Lt Colonel	COMPANY NAME: MILITARY HOSPITAL	ADDRESS OF COMPANY/ EMPLOYER: MILITARY HOSPITAL, AMBALA CANT PIN-901207, INDIA	
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.: T6250429	DATE OF ISSUE: 14/06/2019	DATE OF EXPIRY: 13/06/2029	PLACE OF ISSUE: PUNE
ADDRESS DURING YOUR STAY IN LEBANON: SARBA-KASLIK JOUNIEH, 1200, LEBONAXI			
NAME OF REFERENCE IN LEBANON: KAMINDER BIR KAUR		ADDRESS OF REFERENCE IN LEBANON:	
RELATIONSHIP TO HOST IN LEBANON: SPOUSE		CONTACT NUMBER: +9613654344	
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			
EXPLAIN I am going to meet my spouse and will stay with her.			
DATE OF ARRIVAL: 25/12/2022	DURATION OF STAY: 16 DAYS	ACCOMPANIED BY: AALIYAH (DAUGHTER)	
NUMBER OF ENTRIES: <input checked="" type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input 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: **26/11/2022**

SIGNATURE: **Vishal**

FOR OFFICIAL USE ONLY		FEES COLLECTED	
VISA NO.: _____	DATE OF ISSUE: ____/____/____	<input type="checkbox"/> 6600 RS	<input type="checkbox"/> 131250 LL
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 LL
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE		<input type="checkbox"/> 13150 RS	<input type="checkbox"/> 262500 LL
DURATION OF STAY: <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 1 MONTH <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS		RECEIPT: _____	

IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK