



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: SAHAJKUMAR RAJESHBHAI		FAMILY NAME: PATEL	
FATHER'S NAME: RAJESHBHAI MOHAMIBHAI PATEL		MOTHER'S NAME: TRUPTIBEN RAJESHBHAI PATEL	
DATE OF BIRTH: 21-1-1996	PLACE OF BIRTH: VADODARA GUJARAT	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: NA
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: 98180 85174		PERMANENT ADDRESS: BAYI FALIYU ATPO SOKHIDA VADODARA GUJARAT INDIA	
EMAIL: BASKETBALLFEDERATION10MINDRA@GMAIL.COM		CURRENT ADDRESS: BAYI FALIYU ATPO SOKHIDA VADODARA GUJARAT INDIA	
DESIGNATION: PREYEAR	COMPANY NAME: BASKET BALL FEDRATION	ADDRESS OF COMPANY/ EMPLOYER: 148 BARAKHAMBA ROAD STATEMENT NOKSE NEW DELHI - 110001	
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.: N9812335	DATE OF ISSUE: 21-4-2016	DATE OF EXPIRY: 20-4-2026	PLACE OF ISSUE: AHMEDABAD
ADDRESS DURING YOUR STAY IN LEBANON: WHITE HOUSE HOTEL BLOCK 3RD FLOOR BEIRUT LEBANON			
NAME OF REFERENCE IN LEBANON: MR-CHARBEL RIZK		ADDRESS OF REFERENCE IN LEBANON: LEBANON BASKETBALL FEDRATION	
RELATIONSHIP TO HOST IN LEBANON: _____		CONTACT NUMBER: 791 9614722033	
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 COP 2023			
DATE OF ARRIVAL: 8-11-2022	DURATION OF STAY: 10 DAYS	ACCOMPANIED BY: BASKETBALL FEDERATION OF 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: **30/10/2022**

SIGNATURE:

FOR OFFICIAL USE ONLY

VISA NO.: _____ / _____ / _____ DATE OF ISSUE: _____ / _____ / _____

VISA TYPE: TOURIST BUSINESS DIPLOMATIC OFFICIAL

NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE

DURATION OF STAY: 15 DAYS 1 MONTH 3 MONTHS 6 MONTHS

FEES COLLECTED

6600 RS 131250 L.L.
 9400 RS 187500 L.L.
 13150 RS 262500 L.L.

RECEIPT: _____

IMPORTANT: "IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"