



VISA APPLICATION FORM

GIVEN NAME: SHIVPAL				FAMILY NAME: SINGH		
FATHER'S NAME: RAMASARAY SINGH				MOTHER'S NAME: POONAM SINGH		
				NOTHER'S NAME: POUNAM SINGH		
DATE OF BIRTH: 06.07.1995	PLACE OF BIRTH: CHANDULI, UP			CURRENT NATIONALITY:	OTHER NAT	ONALITY: NA
GENDER:	MARITAL STATUS:				RELIGION: H	IINDU
✓ MALE □ FEMALE □ SINGLE □ MARRIED □ SEPARATED □ DIVORCED □ WIDOW						
CONTACT NUMBER: 09968384	PERMANENT ADDRESS: AFSCB AIR FORCE STATION, RACE COURSE ROAD, DELHI-110003					
EMAIL: finance@indianathletics.in		CURRENT ADDRESS: SAME AS ABOVE				
DESIGNATION: COMPANY NAME: ADDRESS OF COMPANY/ EMPLOYER:						
TYPE OF TRAVEL DOCUMENT:						
☑ ORDINARY PASSPORT □ DIPLOMATIC PASSPORT □ OFFICIAL PASSSPORT □ SERVICE PASSPORT						
PASSPORT NO.: N8112741		DATE OF ISSUE: 10.0	5.2016	DATE OF EXPIRY: 09.05.2026	PLACE OF IS	SUE: DELHI
ADDRESS DURING YOUR STAY IN LEBANON: Hotel Ramada Plaza, Australia St., P.O. Box 135881, Beirut, Lebanon, +9611 810-555						
NAME OF REFERENCE IN LEBANON: Mr. Wassim EL HAWLY ADDRESS OF REFERENCE IN LEBANON: LEBANESE ATHLETICS FEDERATION, DEKWANEH, NAFAAA STREET, BOU ABBOUD BLDG, 4 TH FLOOR, LEBANON						
RELATIONSHIP TO HOST IN LEBANON: CONTACT NUMBER: +961 1695253						
MAIN PURPOSE(S) OF VISIT:						
□ TOURISM □ BUSINESS □ MEDICAL □ EDUCATION □ OFFICIAL □ FAMILY/ FRIENDS □ TRANSIT EXPLAIN Street Townset Town						
DATE OF ARRIVAL: DURATION OF STAY: ACCOMPANIED BY:						
20 07 20 23 20 23						
NUMBER OF ENTRIES: SINGLE ENTRY DOUBLE ENTRY MULTIPLE ENTRY						
PREVIOUSLY VISITED LEBANON: DYES - IF YES, WHEN (DD/MM/YYYY)						
ENTERING LEBANON: 1□ 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: 18 10712023 SIGNATURE: Shived						
FOR OFFICIAL USE ONLY					FEES COLLEC	TED
VISA NO.:					☐ 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:	

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