



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: SUBBARAMAIAH		FAMILY NAME: PETLURI	
FATHER'S NAME: SUDARSANAM PETLURI		MOTHER'S NAME: HANUMAYAMMA PETLURI	
DATE OF BIRTH: 02/06/1954	PLACE OF BIRTH: KAVALI, ANDHRA PRADESH	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY:
GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> WIDOW		RELIGION: HINDU
CONTACT NUMBER: +91-6300448764	PERMANENT ADDRESS: 10-49-50, KACHERIMITTA, KAVALI, POTTI, SRIRAMULU NELORE, A.P. - 524201		
EMAIL: P.SUBBARAMAIAH@GMAIL.COM	CURRENT ADDRESS: 10-49-50, KACHERIMITTA, KAVALI, POTTI SRIRAMULU NELORE, A.P. - 524201		
DESIGNATION: ASSESSOR	COMPANY NAME: SUSTAINABLE MANAGEMENT GROUP	ADDRESS OF COMPANY/ EMPLOYER: CAPITAL / 6 000 000 / L.L. BORT AL BRAJNEH - BAABDA - LEBANON R.C. # 2023012 - BAABDA	
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 LEBANON 1165100			
PASSPORT NO.: T 8357252	DATE OF ISSUE: 07/10/2019	DATE OF EXPIRY: 06/10/2029	PLACE OF ISSUE: HYDERABAD, INDIA
ADDRESS DURING YOUR STAY IN LEBANON: ALLIED CENTRE, 3rd FLOOR, AIRPORT ROAD BEIRUT, 1165100 LEBANON			
NAME OF REFERENCE IN LEBANON: LAYLA FAWAZ	ADDRESS OF REFERENCE IN LEBANON: ALLIED CENTRE, 3rd FLOOR, AIRPORT RD, BEIRUT, 1165100 LEBANON		
RELATIONSHIP TO HOST IN LEBANON:	CONTACT NUMBER: 9611-455512		
MAIN PURPOSE(S) OF VISIT: <input type="checkbox"/> TOURISM <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input checked="" type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/FRIENDS <input type="checkbox"/> TRANSIT EXPLAIN TO CONDUCT ACCREDITATION AUDIT ON BEHALF OF IAS, U.S.A.			
DATE OF ARRIVAL: 09th JULY 2023	DURATION OF STAY: 10 DAYS	ACCOMPANIED BY: NONE	
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: **26/06/2023**

SIGNATURE:

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

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