



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

PHOTO

VISA APPLICATION FORM

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|--|--|--|---------------------------|
| GIVEN NAME: SHUBHAM KUMAR | | FAMILY NAME: | |
| FATHER'S NAME: AMERICA YADAV | | MOTHER'S NAME: INDU DEVI | |
| DATE OF BIRTH: 11/11/1999 | PLACE OF BIRTH: SAHWAJPUR, BIHAR | CURRENT NATIONALITY: INDIAN | OTHER NATIONALITY: |
| SEX: MALE | MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW | | RELIGION: HINDU |
| CONTACT NUMBER: 7558723436 | PERMANENT ADDRESS: 36, SAHWAJPUR, JEHANABAD, PIN -804427, BIHAR | | |
| EMAIL: unpassport8@gmail.com | CURRENT ADDRESS: 96 MEDIUM REGIMENT, C/O 274 TRANSIT CAMP | | |
| DESIGNATION: SEPOY | COMPANY NAME: INDIAN ARMY | ADDRESS OF COMPANY/ EMPLOYER: KHANPUR ARMY CAMP | |
| TYPE OF TRAVEL DOCUMENT: <input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input checked="" type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT | | | |
| PASSPORT NO: O1665116 | DATE OF ISSUE: 04/05/2023 | DATE OF EXPIRY: 03/05/2025 | PLACE OF ISSUE: NEW DELHI |
| ADDRESS DURING YOUR STAY IN LEBANON: UNDOF | | | |
| NAME OF REFERENCE IN LEBANON: | | ADDRESS OF REFERENCE IN LEBANON: | |
| RELATIONSHIP TO HOST IN LEBANON: _____ | | CONTACT NUMBER _____ | |
| MAIN PURPOSE(S) OF VISIT: <input type="checkbox"/> TOURISM <input 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 <input type="checkbox"/> OTHER (please specify) _____ | | | |
| DATE OF ARRIVAL: 20/07/2023 | DURATION OF STAY: 2 YEAR | ACCOMPANIED BY: | |
| NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input checked="" 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: 17/06/2023

SIGNATURE: *Shubham Kumar*

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| 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"

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