



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: ARUNA		FAMILY NAME: N/A	
FATHER'S NAME: NARESH		MOTHER'S NAME: SONIYA	
DATE OF BIRTH: 10-01-2000	PLACE OF BIRTH: DINOD, HARYANA	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY:
GENDER: <input type="checkbox"/> MALE <input checked="" 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: 9315541008	PERMANENT ADDRESS: Same as Current		
EMAIL: arunasingh1008@gmail.com	CURRENT ADDRESS: V.P.O Dinod Tehsil and Dist. BHIWANI 127111		
DESIGNATION: Athlete	COMPANY NAME:	ADDRESS OF COMPANY/ EMPLOYER:	
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.: 24334022	DATE OF ISSUE: 27/09/2017	DATE OF EXPIRY: 26/09/2027	PLACE OF ISSUE: CHADIGARH
ADDRESS DURING YOUR STAY IN LEBANON:			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON:	
RELATIONSHIP TO HOST IN LEBANON:		CONTACT NUMBER:	
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 FOR TOURNAMENT (ASIAN PARA TAEKWONDO)			
DATE OF ARRIVAL: 8 Spt 2023	DURATION OF STAY: 4-5 DAYS	ACCOMPANIED BY:	
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: **30/08/2023**

SIGNATURE: **Aruna**

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"

For further informations please visit us on Embassy of Lebanon in New Delhi (@embassy.of.lebanon.in.india)

Embassy of Lebanon, India (@embassy_lebanon)