



VISA APPLICATION FORM

GIVEN NAME: ASHOK		FAMILY NAME: SHAHI	
FATHER'S NAME: MAN BAHADUR SHAHI		MOTHER'S NAME: BABITA SHAHI	
DATE OF BIRTH: 23 JAN 1983	PLACE OF BIRTH: KALIKOT, NEPAL	CURRENT NATIONALITY: NEPALI	OTHER NATIONALITY: -
SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	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: 0977-9858030300	PERMANENT ADDRESS: KHADACHAKRA-1, KALIKOT, NEPAL		
EMAIL: shahiashok237@gmail.com	CURRENT ADDRESS: GHARBARI TOLE, BANKE, NEPAL		
DESIGNATION: MAJOR	COMPANY NAME: NEPALI ARMY	ADDRESS OF COMPANY/ EMPLOYER: NEPAL	
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.: 0067973	DATE OF ISSUE: 03 AUG 2017	DATE OF EXPIRY: 02 AUG 2027	PLACE OF ISSUE: MOFA, KATHMANDU, NEPAL
NAME & ADDRESS OF REFERENCE IN LEBANON:			
ADDRESS DURING YOUR STAY IN LEBANON:			
RELATIONSHIP TO HOST IN LEBANON: _____ NAME (i): _____ (ii): _____			
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 <input type="checkbox"/> OTHER (please specify) <u>Coming from official work</u>			
DATE OF ARRIVAL:	DURATION OF STAY:	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 type="checkbox"/> NO <input checked="" type="checkbox"/> YES - IF YES, WHEN (DDMM/YYYY) <u>09/10/2017 TO 25/11/2018 (UNIFIL)</u>			
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: 24 / 10 / 2022

SIGNATURE:

FOR OFFICIAL USE ONLY		FEES COLLECTED	
VISA NO.: _____ / _____ / _____	DATE OF ISSUE: _____ / _____ / _____	<input type="checkbox"/> 2625 RS	<input type="checkbox"/> 52500 L.L
VISA TYPE: <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL		<input type="checkbox"/> 3750 RS	<input type="checkbox"/> 75000 L.L
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE		<input type="checkbox"/> 5250 RS	<input type="checkbox"/> 105000 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: _____	