



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: ASKARI NAQVI		FAMILY NAME: SYED MOHAMMAD	
FATHER'S NAME: SYED MANZAR ABBAS NAQVI		MOTHER'S NAME: ASMAT ARA	
DATE OF BIRTH: 01-04-1974	PLACE OF BIRTH: BULANDSHAHR U.P.	CURRENT NATIONALITY: INDIAN	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: ISLAM
CONTACT NUMBER: 9910614920	PERMANENT ADDRESS: 536/6 ZAKIR NAGAR OKHLA NEW DELHI		
EMAIL: waider7272@gmail.com	CURRENT ADDRESS: Same as permanent		
DESIGNATION: -	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.: Z6805549	DATE OF ISSUE: 24/6/2022	DATE OF EXPIRY: 23/6/2032	PLACE OF ISSUE: DELHI
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 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 <input type="checkbox"/> OTHER (please specify) _____			
DATE OF ARRIVAL: 05-Sep-2023	DURATION OF STAY: 15 days	ACCOMPANIED BY:	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input checked="" 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: **04/09/2023**

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: _____	

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Embassy of Lebanon in New Delhi (@embassy.of.lebanon.in.india)



Embassy of Lebanon, India (@embassy_lebanon)