

8892283

VISA APPLICATION FORM



GIVEN NAME: ATHARV		FAMILY NAME: SHARMA	
FATHER'S NAME: GIRISH KUMAR SHARMA		MOTHER'S NAME: MAMTA SHARMA	
DATE OF BIRTH: 27/03/2009	PLACE OF BIRTH: DELHI	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: N.A
GENDER: <input checked="" type="checkbox"/> MALE <input 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:
CONTACT NUMBER: +91 8097 207129	PERMANENT ADDRESS: 99/384, BLOCK-29 TRILOK PURI DELHI, PIN: 110091, DELHI, INDIA		
EMAIL: INDIA TAEKWONDO 2020 @GMAIL.COM	CURRENT ADDRESS: N.A.		
DESIGNATION: ATHLETE	COMPANY NAME: INDIA TAEKWONDO	ADDRESS OF COMPANY/ EMPLOYER: 403 TIMMY ARCADE MAKWANA RD. NEAR MAROL NAKA, METRO STATION ANDHERI (EAST) MUMBAI-400089	
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.: W2498167	DATE OF ISSUE: 04/08/2022	DATE OF EXPIRY: 26/03/2027	PLACE OF ISSUE: DELHI
ADDRESS DURING YOUR STAY IN LEBANON: CLEMENCEAU STREET, BEIRUT CITY CENTER BEIRUT, LEBANON, 1135202			
NAME OF REFERENCE IN LEBANON: DANIELLA KFUO	ADDRESS OF REFERENCE IN LEBANON: SIN EL FIL - CUBIC CENTER, 5TH FLOOR, SECTION		
RELATIONSHIP TO HOST IN LEBANON: SPORTS PERSON	CONTACT NUMBER: 796171464040		
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 SPORTS			
DATE OF ARRIVAL: 31/08/2023	DURATION OF STAY: 11 DAYS	ACCOMPANIED BY: N.A	
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) N.A			
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: ___/___/___

SIGNATURE: **ATHARV SHARMA**

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)

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www.embassyoflebanon.in