



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

PHOTO

VISA APPLICATION FORM

GIVEN NAME: KARTHIK		FAMILY NAME:	
FATHER'S NAME: SEKAR		MOTHER'S NAME: ANURADHA	
DATE OF BIRTH: 20/03/1997	PLACE OF BIRTH: CHENNAI	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY:
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: HINDU	
CONTACT NUMBER: 9566104421	PERMANENT ADDRESS: NO. 32/14B, PERIYAR SALAI, AVANAVARAM CHENNAI. PIN: 600023, TAMILNADU, INDIA.		
EMAIL: KARTHISEKAR 121 @ G.MAIL.COM	CURRENT ADDRESS: NO. 32/14B, PERIYAR SALAI, AVANAVARAM CHENNAI. PIN: 600023, TAMILNADU, INDIA		
DESIGNATION: SENIOR EXECUTIVE CMA CGM GRSI	COMPANY NAME: CMA CGM GRSI	ADDRESS OF COMPANY/ EMPLOYER: NO. 8TH FLOOR, AMBIT IT PARK, 1ST CROSS RD, SAI NAGAR AMBATTUR, INDUSTRIAL ESTATE, CHENNAI	
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.: T7005707	DATE OF ISSUE: 20/08/2019	DATE OF EXPIRY: 19/08/2029	PLACE OF ISSUE: CHENNAI
ADDRESS DURING YOUR STAY IN LEBANON: THE KEY APART HOTEL PO. BOX: 16-7058 ACHRAFIYEH, BEIRUT, LEBANON			
NAME OF REFERENCE IN LEBANON: NADA SAAD	ADDRESS OF REFERENCE IN LEBANON: CMA CGM GRSI BEIRUT DIGITAL DISTRICT BEIRUT, LEBANON		
RELATIONSHIP TO HOST IN LEBANON: TEAM MEMBER FROM INDIA	CONTACT NUMBER: +961959280		
MAIN PURPOSE(S) OF VISIT:			
<input type="checkbox"/> TOURISM <input checked="" 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 TO TRAIN OUR COLLEAGUES IN LEBANON			
DATE OF ARRIVAL: 20TH NOV 2022	DURATION OF STAY: 15 DAYS	ACCOMPANIED BY:	
NUMBER OF ENTRIES: <input 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: / /

SIGNATURE: 

FOR OFFICIAL USE ONLY

VISA NO.: _____ / _____ / _____ DATE OF ISSUE: _____ / _____ / _____

VISA TYPE: TOURIST BUSINESS DIPLOMATIC OFFICIAL

NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE

DURATION OF STAY: 15 DAYS 1 MONTH 3 MONTHS 6 MONTHS

FEES COLLECTED

6600 RS 131250 L.L

9400 RS 187500 L.L

13150 RS 262500 L.L

RECEIPT: _____

IMPORTANT: "IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"