



VISA APPLICATION FORM

GIVEN NAME:		FAMILY NAME:			
GURWINDER		KAUR			
FATHER'S NAME:		MOTHER'S NAME:			
LAXMAN SINGY			PARKASH KAUR		
	A	CURRENT NATIONALITY:	OTHER NATIO	NALITY:	
0/01/1979	SULTANTUR LOOKS PUNDAL	INDIAN		B	
GENDER:	MARITAL STATUS:		RELIGION:		
☐ MALE & FEMALE	SINGLE D-MARRIED SEPARATED DIVORCED WIDOW				
contact number: +91 981563216	2 PERMANENT ADDRESS: 1	INO. 146 , MOHALL	AKILLE	WALPI	
EMAIL:	20 20 © CURRENT ADDRESS:	N.A.			
DESIGNATION:	COMPANY NAME: ADDRE	SS OF COMPANY/ EMPLOYER	403 TIM	MY ARLADE	
N.F.	COMPANY NAME: ADDRE	WANA FO. NEDR.	MAREZ.M	DUST STATION	
TYPE OF TRAVEL DOCUM					
□ OFFICIAL PASSSPORT □ SERVICE PASSPORT					
PASSPORT NO.:	DATE OF ISSUE:	DATE OF EXPIRY:	PLACE OF ISS	SUE:	
T0453305	13/03/2019	12/03/2029	JALAN	1)HAR	
ADDRESS DURING YOUR STAY IN LEBANON:					
ADDRESS DURING YOUR STAY IN LEBANON: CLE MEN'CEAU STREET, BEIRN'T CITY CENTER, BETRUT, LEB NON, 113-5202					
NAME OF REFERENCE IN LEBANON: ADDRESS OF REFERENCE IN LEBANON: SIN FIL FIL QUBIC CENTER STEPLOOR -SECTION SIN FIL FIL QUBIC CENTER					
RELATIONSHIP TO HOST IN LEBANON: SLORTS PERSON CONTACT NUMBER: 496171 464040					
MAIN PURPOSE(S) OF VISIT: GOVERNM					
EXPLAIN					
DUDATION OF STAV.					
DATE OF ARRIVAL: DURATION OF STAY: ACCOMPANIED BY:					
31/08/2023 11DAYS NOT.					
NUMBER OF ENTRIES: SINGLE ENTRY DOUBLE ENTRY MULTIPLE ENTRY					
PREVIOUSLY VISITED LEBANON: 🗆 NO 🗆 YES - IF YES, WHEN (DD/MM/YYYY)					
ENTERING LEBANON: DBY AIR DBY LAND DBY 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: 27 10 12 93 SIGNATURE:					
DATE: ZF 10 12F3		31	GNATORE:		
FOR OFFICIAL USE ON	LY	et til vita van hydrid ett til til til vita van store van hydrid ett til vita til	FEES COLLECT	TED	
VISA NO.:	/ DATE OF	ISSUE://	☐ 6600 RS	☐ 131250 L.L	
VISA TYPE: TOURIST T	BUSINESS DIPLOMATIC OFFICIA	AL.	☐ 9400 RS	☐ 187500 L.L	
	SINGLE DOUBLE MULTIPLE		☐ 13150 RS	☐ 262500 L.L	
	6 MONTHS	RECEIPT:			
DURATION OF STAY: 15 DAYS 1 MONTH 3 MONTHS 6 MONTHS RECEIPT:					

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