



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: JANAK DINKAR		FAMILY NAME: DESAI	
FATHER'S NAME: DINKARRAI, KALIDAS DESAI		MOTHER'S NAME: KUSUMBEN DINKARRAI DESAI	
DATE OF BIRTH: 13/04/1958	PLACE OF BIRTH: SURAT, GUJARAT	CURRENT NATIONALITY: INDIA	OTHER NATIONALITY: -
GENDER: <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: 91.9824047750		PERMANENT ADDRESS: 11, HERITAGE, RESIDENCY, NR, HERITAGE HOMES THALTEJ, AHMEDABAD, INDIA	
EMAIL: info@samvedurology.com		CURRENT ADDRESS: 11, HERITAGE, RESIDENCY, NR, HERITAGE HOMES THALTEJ, AHMEDABAD, Pin. 380059, GUJARAT, INDIA	
DESIGNATION: DOCTOR	COMPANY NAME: SAMVED, MEDICARE PVT LTD	ADDRESS OF COMPANY/ EMPLOYER: 2ND FLOOR SAMVED HOSPITAL BUILDING NR STADIUM CIRCLE NAVRANGPURA AHMEDABAD - 380009 GUJARAT	
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.: 24415724	DATE OF ISSUE: 26/07/2018	DATE OF EXPIRY: 25/07/2028	PLACE OF ISSUE: AHMEDABAD
ADDRESS DURING YOUR STAY IN LEBANON: SAINTE GEORGE MEDICAL CENTER SAL CAPITAL LL, 30000000 FULLY PAID CR 2061232 BASBADA LEBANON			
NAME OF REFERENCE IN LEBANON: SAMIR MATTA		ADDRESS OF REFERENCE IN LEBANON: SAINTE GEORGE MEDICAL CENTER SAL, CAPITAL LL, 30000000 FULLY PAID CR, 2061252 LEBANON	
RELATIONSHIP TO HOST IN LEBANON: BUSINESS		CONTACT NUMBER: 09234201/202	
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 _____			
DATE OF ARRIVAL: 20/09/2023	DURATION OF STAY: 05. DAYS	ACCOMPANIED BY: SAMVED MEDICARE, PVT LTD	
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) _____			
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		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)

Embassy of Lebanon, India (@embassy_lebanon)

www.embassyoflebanon.in