



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: KAMALJIJ		FAMILY NAME:	
FATHER'S NAME: KASHMIR LAL		MOTHER'S NAME: JASWINDER KAUR	
DATE OF BIRTH: 20-10-2000	PLACE OF BIRTH: KHOTHRAN, PUNJAB	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY:
SEX: <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: 9811665360	PERMANENT ADDRESS: VILL. KHOTHRAN, SBS NAGAR, PIN: 144501, P.B.		
EMAIL: visagurgaol@satgurutravel.com	CURRENT ADDRESS: VILL. KHOTHRAN, SBS NAGAR, PIN: 144501, P.B.		
DESIGNATION: STAFF CASHIER	COMPANY NAME: SATGURU TRAVEL	ADDRESS OF COMPANY/ EMPLOYER: SASSINE SQUARE, ACHRAFIEH. BIONO NO2 SECOND FLOOR, RUE ADER ISAAC	
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.: S8258654	DATE OF ISSUE: 13-12-2018	DATE OF EXPIRY: 12-12-2028	PLACE OF ISSUE: JALANDHAR
NAME & ADDRESS OF REFERENCE IN LEBANON: SATGURU TRAVEL & TOURS S.A.R.L			
ADDRESS DURING YOUR STAY IN LEBANON: SASSINE SQUARE, ACHRAFIEH. BIONO NO2 SECOND FLOOR			
RELATIONSHIP TO HOST IN LEBANON: FRIEND NAME (i): MR. SAMEER (ii): AHWA			
MAIN PURPOSE(S) OF VISIT: <input 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: 02/12/2022	DURATION OF STAY: 3 MONTH	ACCOMPANIED BY:	
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: **Kamal Jit**

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: _____	