



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: <i>Kamran Haider</i>		FAMILY NAME:	
FATHER'S NAME: <i>Najis Haider</i>		MOTHER'S NAME: <i>Nargis Khataen</i>	
DATE OF BIRTH: <i>18/07/2023</i>	PLACE OF BIRTH: <i>Meerut</i>	CURRENT NATIONALITY: <i>India</i>	OTHER NATIONALITY:
SEX: <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: <i>Muslim</i>	
CONTACT NUMBER: <i>9659110110</i>	PERMANENT ADDRESS: <i>E140/A 2nd Floor Fatima App old village Jajala Delhi</i>		
EMAIL: <i>Zaid635@gmail.com</i>	CURRENT ADDRESS: <i>E140/A 2nd Floor Fatima App old village Jajala Delhi</i>		
DESIGNATION:	COMPANY NAME:	ADDRESS OF COMPANY/ EMPLOYER:	
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.: <i>R-1782688</i>	DATE OF ISSUE: <i>17/08/2017</i>	DATE OF EXPIRY: <i>16/08/2027</i>	PLACE OF ISSUE: <i>Delhi</i>
NAME & ADDRESS OF REFERENCE IN LEBANON: _____			
ADDRESS DURING YOUR STAY IN LEBANON: _____			
RELATIONSHIP TO HOST IN LEBANON: _____ NAME (i): _____ (ii): _____			
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 checked="" type="checkbox"/> TRANSIT <input type="checkbox"/> OTHER (please specify) _____			
DATE OF ARRIVAL: <i>05-Sep-23</i>	DURATION OF STAY: <i>15 days</i>	ACCOMPANIED BY: _____	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input checked="" 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: *04/09/2023*

SIGNATURE: *Kamran*

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: _____	

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