



+91 7411767991



APPLICATION FORM

GIVEN NAME: LAKHAN		FAMILY NAME: ROKAYA	
FATHER'S NAME: BHIM ROKAYA		MOTHER'S NAME: SUNITHA ROKAYA	
DATE OF BIRTH: 28/06/2008	PLACE OF BIRTH: TIRUR, KERALA	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: N/A
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:
CONTACT NUMBER: +91 80 97207129	PERMANENT ADDRESS: TWO 57/1, VM SERENITY, 2ND CROSS BRINDAVAN LAYOUT HORAMAVU, BENGA LURU PIN 560043 KARNATAKA, INDIA		
EMAIL: INDIA TAEKWONDO 2020 @ GMAIL.COM	CURRENT ADDRESS: N/A		
DESIGNATION: ATHLETE	COMPANY NAME: INDIA TAEKWONDO	ADDRESS OF COMPANY/ EMPLOYER: 603, JIMMY ARCADE NEAR MAROL NAKA, METRO STATION ANDHERI (EAST) - MUMBAI - 400059	
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.: Y7983722	DATE OF ISSUE: 09/08/2023	DATE OF EXPIRY: 08/08/2033	PLACE OF ISSUE: BENGALURU
ADDRESS DURING YOUR STAY IN LEBANON: GEFINOR ROTAWA CLEMENCEAU STREET, BEIRUT CITY CENTER, LEBANON. 113-5202			
NAME OF REFERENCE IN LEBANON: DANIELLA KELLO		ADDRESS OF REFERENCE IN LEBANON: SIN EL FIL CUBIC CENTER, 5TH FLOOR SECTION - 2	
RELATIONSHIP TO HOST IN LEBANON: SPORTS PERSON		CONTACT NUMBER: +96171 464040	
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 type="checkbox"/> TRANSIT EXPLAIN SPORTS			
DATE OF ARRIVAL: 31/08/2023	DURATION OF STAY: 11 DAYS	ACCOMPANIED BY: N/A	
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) N/A			
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: **14/08/2023**

SIGNATURE: **Bhim Rokaya**

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)

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www.embassyoflebanon.in