



EMBASSY OF LEBANON  
TO  
THE REPUBLIC OF INDIA



### VISA APPLICATION FORM

|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------|
| GIVEN NAME:<br><b>LAKHWINDER</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    | FAMILY NAME:<br><b>SINGH</b>                                                                    |                                      |
| FATHER'S NAME:<br><b>SURJIT SINGH</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    | MOTHER'S NAME:<br><b>BALWINDER KAUR</b>                                                         |                                      |
| DATE OF BIRTH:<br><b>11.07.1997</b>                                                                                                                                                                                                                                                                         | PLACE OF BIRTH:<br><b>MIRKE, PUNJAB</b>                                                                                                                                                            | CURRENT NATIONALITY:<br><b>INDIAN</b>                                                           | OTHER NATIONALITY:<br><b>INDIAN</b>  |
| GENDER:<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE                                                                                                                                                                                                                         | MARITAL STATUS:<br><input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW |                                                                                                 | RELIGION:<br><b>SIKH</b>             |
| CONTACT NUMBER:<br><b>+91 92645 77925</b>                                                                                                                                                                                                                                                                   | PERMANENT ADDRESS: <b>HAMTA PATTI, BHOTAL KALAN, SANGRUR, PIN: 148031, PUNJAB, INDIA.</b>                                                                                                          |                                                                                                 |                                      |
| EMAIL:<br><b>singhlakhwinder@gmail.com</b>                                                                                                                                                                                                                                                                  | CURRENT ADDRESS:<br><b>same above</b>                                                                                                                                                              |                                                                                                 |                                      |
| DESIGNATION:<br><b>Self Employed</b>                                                                                                                                                                                                                                                                        | COMPANY NAME:<br><b>SINGH GROCERY STORE</b>                                                                                                                                                        | ADDRESS OF COMPANY/ EMPLOYER:<br><b>KULDIPNAGAR, SURENDRA NAGAR, MIRKE SANGRUR, PIN: 148031</b> |                                      |
| TYPE OF TRAVEL DOCUMENT:<br><input checked="" type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT                                                                                         |                                                                                                                                                                                                    |                                                                                                 |                                      |
| PASSPORT NO.:<br><b>X8169055</b>                                                                                                                                                                                                                                                                            | DATE OF ISSUE:<br><b>26.04.2023</b>                                                                                                                                                                | DATE OF EXPIRY:<br><b>25.04.2033</b>                                                            | PLACE OF ISSUE:<br><b>CHANDIGARH</b> |
| ADDRESS DURING YOUR STAY IN LEBANON: <b>ANDALAS STREET, OFF AUSTRALIA STREET, BEIRUT LEBNON</b>                                                                                                                                                                                                             |                                                                                                                                                                                                    |                                                                                                 |                                      |
| NAME OF REFERENCE IN LEBANON:<br><b>BRITANIA SUITES</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    | ADDRESS OF REFERENCE IN LEBANON:<br><b>same above</b>                                           |                                      |
| RELATIONSHIP TO HOST IN LEBANON:                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    | CONTACT NUMBER: <b>+9611 793799</b>                                                             |                                      |
| MAIN PURPOSE(S) OF VISIT:<br><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<br>EXPLAIN _____ |                                                                                                                                                                                                    |                                                                                                 |                                      |
| DATE OF ARRIVAL:<br><b>30. September. 2023</b>                                                                                                                                                                                                                                                              | DURATION OF STAY:<br><b>31 days</b>                                                                                                                                                                | ACCOMPANIED BY:<br><b>MYSELF</b>                                                                |                                      |
| 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 _____                                                                                                                                                                                        |                                                                                                                                                                                                    |                                                                                                 |                                      |
| 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: **21.09.23**

SIGNATURE: \_\_\_\_\_

|                                                                                                                                                         |                                      |                                   |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| <b>FOR OFFICIAL USE ONLY</b>                                                                                                                            |                                      | <b>FEES COLLECTED</b>             |                                     |
| 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