

+91 9723633512



SA APPLICATION FORM

GIVEN NAME: MILAMBEN JAGABHAI		FAMILY NAME: BAYLIYA	
FATHER'S NAME: JAGABHAI RAGHABHAI BAYALIYA		MOTHER'S NAME: GANUBEN JAGABHAI BAYALIYA	
DATE OF BIRTH: 17/12/2007	PLACE OF BIRTH: KHAMPALIYA, GUJARAT	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: N.A
GENDER: <input type="checkbox"/> MALE <input checked="" 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:	PERMANENT ADDRESS: 69/1, KHAMPALIYA T. MULLI SURENDRA NAGAR PIN: 363310, GUJARAT, INDIA		
EMAIL: INDIA TAEKWONDO 2020 @GMAIL.COM	CURRENT ADDRESS: N.A		
DESIGNATION: ATHLETE	COMPANY NAME: INDIA TAEKWONDO	ADDRESS OF COMPANY/ EMPLOYER: 603, TIMMY ARCADE NEAR, MAROZ NAKA, METRO STATION ANDHERI (EAST) MUMBAI. 400027	
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.: W7605517	DATE OF ISSUE: 10/11/2022	DATE OF EXPIRY: 16/12/2025	PLACE OF ISSUE: AHMEDABAD
ADDRESS DURING YOUR STAY IN LEBANON: CLEMENCEAU STREET, BEIRUT, CITY CENTER BEIRUT, LEBANON 113-5202			
NAME OF REFERENCE IN LEBANON: DANIELLA KELLO		ADDRESS OF REFERENCE IN LEBANON: SIN EL FIL CUBIC CENTER, 5TH FLOOR SECTION 3	
RELATIONSHIP TO HOST IN LEBANON: SPORTS PERSON		CONTACT NUMBER: +96171 466060	
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 SPORT			
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) NA			
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: Rikus

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