



EMBASSY OF LEBANON  
TO  
THE REPUBLIC OF INDIA



### VISA APPLICATION FORM

|   |   |                                  |                                  |
|---|---|----------------------------------|----------------------------------|
| GIVEN NAME: NISHIT BAR SINGH  |   | FAMILY NAME: THAPA               |                                  |
| FATHER'S NAME: AMIR BAR SINGH THAPA   |   | MOTHER'S NAME: INDRAYANI THAPA   |                                  |
| DATE OF BIRTH: 08 DECEMBER 1983   | PLACE OF BIRTH: KATHMANDU   | CURRENT NATIONALITY: NEPALESE    | OTHER NATIONALITY:               |
| GENDER: <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: HINDU                  |                                  |
| CONTACT NUMBER: 977 9851018406  | PERMANENT ADDRESS: SUNDHARA-22, KATHMANDU, PROVINCE-3, NEPAL  |                                  |                                  |
| EMAIL: nishit113@gmail.com  | CURRENT ADDRESS: SITAPAKHA-4, LALITPUR, PROVINCE-3, NEPAL   |                                  |                                  |
| DESIGNATION:  | COMPANY NAME:   | ADDRESS OF COMPANY/ EMPLOYER:    |                                  |
| <b>TYPE OF TRAVEL DOCUMENT:</b>   |   |                                  |                                  |
| <input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input checked="" type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT   |   |                                  |                                  |
| PASSPORT NO.: 0069848   | DATE OF ISSUE: 23 DECEMBER 2018   | DATE OF EXPIRY: 22 DECEMBER 2028 | PLACE OF ISSUE: KATHMANDU, NEPAL |
| ADDRESS DURING YOUR STAY IN LEBANON:  |   |                                  |                                  |
| NAME OF REFERENCE IN LEBANON:   |   | ADDRESS OF REFERENCE IN LEBANON: |                                  |
| RELATIONSHIP TO HOST IN LEBANON:  |   | CONTACT NUMBER:                  |                                  |
| <b>MAIN PURPOSE(S) OF VISIT:</b>  |   |                                  |                                  |
| <input type="checkbox"/> TOURISM <input type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input checked="" type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT |   |                                  |                                  |
| EXPLAIN _____   |   |                                  |                                  |
| DATE OF ARRIVAL: 10-11-23   | DURATION OF STAY: 365 DAYS  | ACCOMPANIED BY:                  |                                  |
| NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input checked="" 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: 30/10/2023

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"**