



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

| | | | |
|--|--|---|---------------------------------|
| GIVEN NAME: PRADIP | | FAMILY NAME: KUMAR | |
| FATHER'S NAME: BHUTNATH DAS | | MOTHER'S NAME: TARAGINI DAS | |
| DATE OF BIRTH: 01/06/1957 | PLACE OF BIRTH: BARIPADA | CURRENT NATIONALITY: INDIAN | 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: 9818600167 | PERMANENT ADDRESS: B801 SPRING VALLEY PLOT NO 3C SEC II DWARKA 110075 | | |
| EMAIL: | CURRENT ADDRESS: SAME AS ABOVE | | |
| DESIGNATION: Exec-DIRECTOR | COMPANY NAME: SUN WATER | 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.: V2765085 | DATE OF ISSUE: 16/09/2021 | DATE OF EXPIRY: 15/09/2031 | PLACE OF ISSUE: DELHI |
| ADDRESS DURING YOUR STAY IN LEBANON: HILTON HOTEL BEIRUT | | | |
| NAME OF REFERENCE IN LEBANON: JOSEPH SAROUFIM | | ADDRESS OF REFERENCE IN LEBANON: TELABAYA | |
| RELATIONSHIP TO HOST IN LEBANON: FRIEND | | CONTACT NUMBER: _____ | |
| 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 checked="" type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT EXPLAIN _____ | | | |
| DATE OF ARRIVAL: 22 DEC 2023 | DURATION OF STAY: 7 NIGHTS | ACCOMPANIED BY: | |
| 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 (DDMMYYYY) _____ | | | |
| 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: **27/09/23**

SIGNATURE: 

| | | | |
|---|-------------------------------|-----------------------------------|-------------------------------------|
| 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