



VISA APPLICATION FORM

GIVEN NAME: PRAVEEN RAJ		FAMILY NAME: GOVINDA RAJ	
FATHER'S NAME: GOVINDA RAJU VENKATASHAMAPPA		MOTHER'S NAME: SUJATHA K. SATHYANARAYANA REDDY	
DATE OF BIRTH: 30/04/1988	PLACE OF BIRTH: KOLAR	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY: INDIAN
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: 9945280687	PERMANENT ADDRESS: 71 NEXT TO GAYATHRI MANDIR PL EXTENSION, KOLAR		
EMAIL: Praveen.raj2077@gmail.com	CURRENT ADDRESS: As Same Above		
DESIGNATION: SELF EMPLOYED	COMPANY NAME: -	ADDRESS OF COMPANY/ EMPLOYER: GAYATHRI MANDIR KOLAR	
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.: T6568189	DATE OF ISSUE: 19/07/2019	DATE OF EXPIRY: 18/07/2029	PLACE OF ISSUE: BENGALORE
ADDRESS DURING YOUR STAY IN LEBANON: CROWN PLAZA BEIRUT MAIN STR BEIRUT LEBANON			
NAME OF REFERENCE IN LEBANON: CROWN PLAZA		ADDRESS OF REFERENCE IN LEBANON: MAIN STR BEIRUT LEBANON	
RELATIONSHIP TO HOST IN LEBANON: HOTEL		CONTACT NUMBER: +9811734100	
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 _____			
DATE OF ARRIVAL: 08/09/23	DURATION OF STAY: 06 DAYS	ACCOMPANIED BY: SELF	
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) _____			
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: **10/08/23**

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"