



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

FastTrack



VISA APPLICATION FORM

| | | | |
|---|--|--|-------------------------------|
| GIVEN NAME: RAMESH | | FAMILY NAME: SHINDE | |
| FATHER'S NAME: RACHUNATH | | MOTHER'S NAME: SUMAN | |
| DATE OF BIRTH: 14/07/1964 | PLACE OF BIRTH: INDIA | CURRENT NATIONALITY: INDIAN | OTHER NATIONALITY: - |
| GENDER: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE | MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW | RELIGION: HINDU | |
| CONTACT NUMBER: +919594463210 | PERMANENT ADDRESS: F/626, SHAH ARCADE, SECTOR 6, MARGHAR, NAVI MUMBAI | | |
| EMAIL: RAMESH.SHINDE@WARTSILA.COM | CURRENT ADDRESS: SAME AS ABOVE | | |
| DESIGNATION: SR SUPERINTENDENT | COMPANY NAME: WARTSILA INDIA PVT LTD | ADDRESS OF COMPANY/ EMPLOYER: 10TH FLOOR, TOLONGI, SEAWOOD, NAVI MUMBAI | |
| 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.: Z6139215 | DATE OF ISSUE: 06/08/2021 | DATE OF EXPIRY: 05/08/2031 | PLACE OF ISSUE: MUMBAI |
| ADDRESS DURING YOUR STAY IN LEBANON: CEMENTERIE NATIONALE, CHEKKA NORTH LEBANON PLANT | | | |
| NAME OF REFERENCE IN LEBANON: MISS RITA BARKUN | | ADDRESS OF REFERENCE IN LEBANON: CEMENTERIE NATIONALE, CHEKKA NORTH LEBANON PLANT | |
| RELATIONSHIP TO HOST IN LEBANON: SUPPLIER | | CONTACT NUMBER: +9615922320 | |
| MAIN PURPOSE(S) OF VISIT: | | | |
| <input type="checkbox"/> TOURISM <input checked="" 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 ENGINE OVERHAUL AND UPGADATION WORK | | | |
| DATE OF ARRIVAL: 10/04/2024 | DURATION OF STAY: 60 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: **02/04/2024**

SIGNATURE: *Shinder R*

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|---|--------------------------------------|-----------------------------------|-------------------------------------|
| FOR OFFICIAL USE ONLY | | FEES COLLECTED | |
| VISA NO.: _____ / _____ / _____ | DATE OF ISSUE: _____ / _____ / _____ | <input type="checkbox"/> 8250 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"/> 11750 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"/> 16450 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"