



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

6 MONTH



VISA APPLICATION FORM

GIVEN NAME: RENU		FAMILY NAME: SHRESTHA	
FATHER'S NAME: KHADGA NARAYAN SHRESTHA		MOTHER'S NAME: CHAMELI SHRESTHA	
DATE OF BIRTH: 1981/08/29	PLACE OF BIRTH: GORKHA	CURRENT NATIONALITY: NEPALI	OTHER NATIONALITY:
GENDER: <input type="checkbox"/> MALE <input checked="" 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 9802098050	PERMANENT ADDRESS: LALITPUR-3, NEPAL		
EMAIL: renushrestha99@gmail.com	CURRENT ADDRESS: LALITPUR-3, NEPAL		
DESIGNATION:	COMPANY NAME:	ADDRESS OF COMPANY/ EMPLOYER:	
TYPE OF TRAVEL DOCUMENT:			
<input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input checked="" type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.: 0069666	DATE OF ISSUE: 2018/10/10	DATE OF EXPIRY: 2028/10/08	PLACE OF ISSUE: MOFA, DEPARTMENT OF PASSPORT
ADDRESS DURING YOUR STAY IN LEBANON:			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON:	
RELATIONSHIP TO HOST IN LEBANON:		CONTACT NUMBER:	
MAIN PURPOSE(S) OF VISIT:			
<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: 10-11-2023	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: **2023/10/30**

SIGNATURE: _____

FOR OFFICIAL USE ONLY

VISA NO.: _____ / _____ / _____ DATE OF ISSUE: _____ / _____ / _____

VISA TYPE: TOURIST BUSINESS DIPLOMATIC OFFICIAL

NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE

DURATION OF STAY: 15 DAYS 1 MONTH 3 MONTHS 6 MONTHS

FEES COLLECTED

6600 RS 131250 L.L
 9400 RS 187500 L.L
 13150 RS 262500 L.L

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