



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: SAMI		FAMILY NAME: SHRESTHA	
FATHER'S NAME: KRISHNA SHRESTHA		MOTHER'S NAME: DURGA DEVI DAHAL	
DATE OF BIRTH: 04/05/1991	PLACE OF BIRTH: BHAKTAPUR	CURRENT NATIONALITY: NEPALESE	OTHER NATIONALITY: N/A
SEX: <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 9843290075	PERMANENT ADDRESS: MADHYAPUR THIMI MUNICIPALITY -16, LOKANTHALI BHAKTAPUR, NEPAL		
EMAIL: sami.shrestha1991@gmail.com	CURRENT ADDRESS: TOKHA MUNICIPALITY--7, DHAPASI KATHMANDU, NEPAL		
DESIGNATION: CAPTAIN	COMPANY NAME: NEPALI ARMY	ADDRESS OF COMPANY/ EMPLOYER: BHADRAKALI, KATHMANDU, NEPAL	
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.: 0064708	DATE OF ISSUE: 21/08/2015	DATE OF EXPIRY: 20/08/2025	PLACE OF ISSUE: KATHMANDU
NAME & ADDRESS OF REFERENCE IN LEBANON:			
ADDRESS DURING YOUR STAY IN LEBANON:			
RELATIONSHIP TO HOST IN LEBANON: _____ NAME (i): _____ (ii): _____			
MAIN PURPOSE(S) OF VISIT: <input 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 <input checked="" type="checkbox"/> OTHER (please specify) UN MISSION			
DATE OF ARRIVAL: 28/12/2023	DURATION OF STAY: 1 Year	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: 15/11/2023		SIGNATURE:	
FOR OFFICIAL USE ONLY			FEES COLLECTED
VISA NO.: _____ / _____ / _____	DATE OF ISSUE: _____ / _____ / _____		<input type="checkbox"/> 2625 RS <input type="checkbox"/> 52500 L.L
VISA TYPE: <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL			<input type="checkbox"/> 3750 RS <input type="checkbox"/> 75000 L.L
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE			<input type="checkbox"/> 5250 RS <input type="checkbox"/> 105000 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: _____

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