



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

| | | | |
|---|--|--|--------------------|
| GIVEN NAME: SHASHANK THITE | | FAMILY NAME: ADITI KADAM | |
| FATHER'S NAME: SUDHIR KUMAR THITE | | MOTHER'S NAME: JYOTSNA THITE | |
| DATE OF BIRTH: 03/08/1985 | PLACE OF BIRTH: VIDISHA MADHYA PRADESH | CURRENT NATIONALITY: | 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: | |
| CONTACT NUMBER: 995349240 | PERMANENT ADDRESS: E.05 SAGAR EDEN GARDEN PHASE-2 HOSHANGABAD ROAD BHOPAL, BHOPAL, PIN 462027, M.P | | |
| EMAIL: SHASHANK@gmail.com | CURRENT ADDRESS: ROOM NO-222 SD-3A(CUN) SOUTH BLOCK IHA OF MOD NEW DELHI PIN (110011) | | |
| 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.: 01676221 | DATE OF ISSUE: 10/10/2023 | DATE OF EXPIRY: 09/10/2025 | PLACE OF ISSUE: |
| ADDRESS DURING YOUR STAY IN LEBANON: | | | |
| NAME OF REFERENCE IN LEBANON: | | ADDRESS OF REFERENCE IN LEBANON: FORCE HQ OF LEBANON | |
| RELATIONSHIP TO HOST IN LEBANON: | | CONTACT NUMBER: 9953492240 | |
| 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: 20/10/2023 | DURATION OF STAY: 01 YEARS | 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 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: **12 / 10 / 2023**

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