



EMBASSY OF LEBANON  
TO  
THE REPUBLIC OF INDIA



### VISA APPLICATION FORM

GIVEN NAME: <b>SHEFALI JANAK</b>		FAMILY NAME: <b>DESAI</b>	
FATHER'S NAME: <b>LALIT NATWARLALI BHAGWATI</b>		MOTHER'S NAME: <b>MAHATI LALIT BHAGWATI</b>	
DATE OF BIRTH: <b>25-05-1965</b>	PLACE OF BIRTH: <b>AHMEDABAD, GUJARAT</b>	CURRENT NATIONALITY: <b>INDIA</b>	OTHER NATIONALITY: <b>-</b>
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: <b>HINDU</b>	
CONTACT NUMBER: <b>91 9824047750</b>	PERMANENT ADDRESS: <b>11, HERITAGE, RESIDENCY, NR, HERIAGE HOMES THALLET AHMEDABAD - GUJARAT, INDIA</b>		
EMAIL: <b>info@samvedurology.com</b>	CURRENT ADDRESS: <b>11, HERITAGE, RESIDENCY, NR, HERIAGE HOMES THALLET AHMEDABAD, GUJARAT, INDIA</b>		
DESIGNATION: <b>DOCTOR</b>	COMPANY NAME: <b>SAMVED, MEDICARE PVT LTD</b>	ADDRESS OF COMPANY/ EMPLOYER: <b>2ND FLOOR, SAMVED HOSPITAL, NR STADIUM CIRCLE, AHMEDABAD</b>	
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.: <b>Z3622032</b>	DATE OF ISSUE: <b>04/05/2016</b>	DATE OF EXPIRY: <b>03/05/2026</b>	PLACE OF ISSUE: <b>AHMEDABAD</b>
ADDRESS DURING YOUR STAY IN LEBANON: <b>SAINT GEORGE MEDICAL CENTER SAL CAPITAL LL, 30000000 FULLY PAID CR 2061232 BASBADA LEBANON</b>			
NAME OF REFERENCE IN LEBANON: <b>SAMIR MATTA</b>	ADDRESS OF REFERENCE IN LEBANON: <b>SAINT GEORGE, MEDICAL CENTER, SAL CAPITAL LL, 30000000 FULLY PAID CR.</b>		
RELATIONSHIP TO HOST IN LEBANON: <b>BUSINESS</b>	CONTACT NUMBER: <b>09234201/202</b>		
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 _____			
DATE OF ARRIVAL: <b>20/09/23</b>	DURATION OF STAY: <b>05, DAYS</b>	ACCOMPANIED BY: <b>SAMVED, MEDICARE, PVT LTD</b>	
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: \_\_\_/\_\_\_/\_\_\_

SIGNATURE:

<b>FOR OFFICIAL USE ONLY</b>		<b>FEES COLLECTED</b>	
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