



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

VISA APPLICATION FORM



| | | | |
|---|--|---|-------------------------------------|
| GIVEN NAME: VASU TOMER | | FAMILY NAME: | |
| FATHER'S NAME: OMKAR SINGH | | MOTHER'S NAME: BABITA | |
| DATE OF BIRTH: 04/03/1998 | PLACE OF BIRTH: MAHAVATPUR, UTTAR PRADESH | CURRENT NATIONALITY: INDIAN | 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: 7300521824 | PERMANENT ADDRESS: 96 MED REGT, UNDOF CONTINGENT | | |
| EMAIL: UNPASSPORT1111@gmail.com | CURRENT ADDRESS: KHANPUR CAMP, NEW DELHI, 110062 | | |
| DESIGNATION: PTE | COMPANY NAME: INDIAN ARMY | ADDRESS OF COMPANY/ EMPLOYER: LEBANON | |
| 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.: 01678453 | DATE OF ISSUE: 24/11/2023 | DATE OF EXPIRY: 23/11/2023 | PLACE OF ISSUE: NEW DELHI |
| ADDRESS DURING YOUR STAY IN LEBANON: UNMISSION | | | |
| 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 UNMISSION | | | |
| DATE OF ARRIVAL: | DURATION OF STAY: | 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: ___/___/___

SIGNATURE: Vasu Tomer

| | | | |
|---|----------------------------|-----------------------------------|-------------------------------------|
| 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