

## EMBASSY OF LEBANON TO THE REPUBLIC OF INDIA

## VISA APPLICATION FORM

| GIVEN NAME: VAIBHA  | a quichecher remainuin audenimiente enterante anno enterante regional exemple.<br>A V | FAMI                                   | FAMILY NAME: KATARIA  |             |                    |  |
|---|---|--|---|-------------|--------------------|--|
| FATHER'S NAME: SIKANDER SINGH KATARIA   |   |  | MOTHER'S NAME: KANTA KATARIA  |             |                    |  |
| DATE OF BIRTH:<br>18   09   1993  | PLACE OF BIRTH: GURGAON, HARYANA  |  | RENT NATIONALITY:   | OTHER NATIO | OTHER NATIONALITY: |  |
| GENDER:   | MARITAL STATUS:   |  |   | RELIGION:   | RELIGION:<br>HINDU |  |
| MALE   FEMALE   | MALE   FEMALE   SINGLE VIMARRIED   SEPARATED   DIVORCED   WIDOW                       |  |   |             |                    |  |
| 9871115707 ROAD POLICE  |   |  | 59/18, LAXMI GARDEN, NEAR PATAUDI<br>E CHOWKI, GURGAON, HARYANA, PIN-122001 |             |                    |  |
| EMAIL: CURRENT ADDRESS:  vaibhav_kataria @yahoo co.in   |   |  |   |             |                    |  |
| DESIGNATION:  |   |  |   |             |                    |  |
| MAJOR   | INDIAN ARMY   | IN ARMY 9 KUMAON INF. BATTALIAN 56 APO |   |             |                    |  |
| TYPE OF TRAVEL DOCUMENT:  |   |  |   |             |                    |  |
| ☐ ORDINARY PASSPORT ☐ DIPLOMATIC PASSPORT ☐ OFFICIAL PASSPORT ☐ SERVICE PASSPORT  |   |  |   |             |                    |  |
| PASSPORT NO.: 0 1658519 DATE OF ISSUE: 05/01/2023 DATE OF EX  |   |  | E OF EXPIRY:<br>4/07/2025   | NEW D       | NEW DELHI          |  |
| ADDRESS DURING YOUR STAY IN LEBANON: FORCE HEADQUARTER, LEBANON   |   |  |   |             |                    |  |
| NAME OF REFERENCE IN LEBANON: ADDRESS OF REFERENCE IN LEBANON:  |   |  |   |             |                    |  |
| FORCE HEADQUARTER LEBANON   |   |  |   |             |                    |  |
| RELATIONSHIP TO HOST IN LEBANON: MISSION CONTACT NUMBER:  |   |  |   |             |                    |  |
| MAIN PURPOSE(S) OF VISIT:   |   |  |   |             |                    |  |
| TOURISM BUSINESS MEDICAL EDUCATION POFFICIAL FAMILY/FRIENDS TRANSIT   |   |  |   |             |                    |  |
|   |   |  |   |             |                    |  |
| DATE OF ARRIVAL:  23 JAN 2023  DURATION OF STAY:  ONE YEAR  ACCOMPANIED BY:   |   |  |   |             |                    |  |
|   |   |  |   |             |                    |  |
| NUMBER OF ENTRIES: ☐ SINGLE ENTRY ☐ DOUBLE ENTRY ☑ MULTIPLE ENTRY  PREVIOUSLY VISITED LEBANON: ☑ NO ☐ YES - IF YES, WHEN (DD/MM/YYYY) |   |  |   |             |                    |  |
| ENTERING LEBANON: BY AIR BY LAND BY SEA   |   |  |   |             |                    |  |
| *My signature engages my responsibility and subjects me to penalties specified by law in the event of giving a wrong declaration.     |   |  |   |             |                    |  |
| DATE:/  |   |  |   |             |                    |  |
| FOR OFFICIAL USE ONLY FEES COLLECTION   |   |  |   |             | TED                |  |
|   |   |  |   | ☐ 6600 RS   | ☐ 131250 L.L       |  |
| VISA TYPE:   TOURIST   BUSINESS   DIPLOMATIC   OFFICIA  |   |  |   | ☐ 9400 RS   | ☐ 187500 L.L       |  |
| NUMBER OF ENTRIES:   SINGLE   DOUBLE   MULTIPLE   |   |  |   | ☐ 13150 RS  | ☐ 262500 L.L       |  |
|   |   |  |   |             |                    |  |
| DURATION OF STAY:   15 DAYS  1 MONTH  3 MONTHS  6 MONTHS  RECEIPT:  |   |  |   |             |                    |  |

IMPORTANT: "IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"