



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

VISA APPLICATION FORM



GIVEN NAME: YVONNE ANN.		FAMILY NAME: KATUKAR	
FATHER'S NAME: HUBERT MATTHEW D'VAZ		MOTHER'S NAME: CICELIA HUBERT D'VAZ	
DATE OF BIRTH: 29-08-1959	PLACE OF BIRTH: MYSORE-KARNATAKA	CURRENT NATIONALITY: INDIAN.	OTHER NATIONALITY:
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: INDIAN CHRISTIAN.	
CONTACT NUMBER: 8208331253	PERMANENT ADDRESS: LA-SALLETTE B-SOI MUNDWA MAGAR PATTI ROAD.		
EMAIL: YVONNE.DVAZ@fmcip.com	CURRENT ADDRESS: PUNE HADAPSAR INDIA 411036		
DESIGNATION:	COMPANY NAME:	ADDRESS OF COMPANY/ EMPLOYER:	
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.: N 2835703	DATE OF ISSUE: 08-09-2015	DATE OF EXPIRY: 07-09-2025	PLACE OF ISSUE: PUNE
ADDRESS DURING YOUR STAY IN LEBANON: HOUSE NO-15, DAHER STREET, HOUMAL, ALEY, LEBANON			
NAME OF REFERENCE IN LEBANON: JIHAD ABOU ANTOUN		ADDRESS OF REFERENCE IN LEBANON: HOUSE NO-15, DAHER STREET, HOUMAL, ALEY, LEBANON	
RELATIONSHIP TO HOST IN LEBANON: SON-IN-LAW		CONTACT NUMBER: +961 81133908 +961-71620390	
MAIN PURPOSE(S) OF VISIT: <input checked="" type="checkbox"/> TOURISM <input type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input type="checkbox"/> OFFICIAL <input checked="" type="checkbox"/> FAMILY/FRIENDS <input type="checkbox"/> TRANSIT			
EXPLAIN GRAND DAUGHTERS BIRTHDAY			
DATE OF ARRIVAL: 18-SEPT 2023	DURATION OF STAY: 09-NOV-2023	ACCOMPANIED BY: HUSBAND	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input checked="" type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - IF YES, WHEN (DD/M/YY) _____			
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: 10/08/2023		SIGNATURE:	

FOR OFFICIAL USE ONLY		FEES COLLECTED	
VISA NO.: _____	DATE OF ISSUE: ____/____/____	<input type="checkbox"/> 6600 RS	<input type="checkbox"/> 131250 LL
VISA TYPE: <input checked="" type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL		<input type="checkbox"/> 9400 RS	<input type="checkbox"/> 187500 LL
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE		<input type="checkbox"/> 13150 RS	<input type="checkbox"/> 262500 LL
DURATION OF STAY: <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 1 MONTH <input checked="" 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"