



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA

PHOTO

VISA APPLICATION FORM

GIVEN NAME: ANNARAJ		FAMILY NAME: SETHU RAMASAMY	
FATHER'S NAME: SETHU RAMASAMY		MOTHER'S NAME: RUKMANI	
DATE OF BIRTH: 27/05/1981	PLACE OF BIRTH: VARAGANOOR, TAMIL NADU	CURRENT NATIONALITY: INDIAN	OTHER NATIONALITY:
SEX: MALE	MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW		RELIGION: HINDU
CONTACT NUMBER: 8754129460	PERMANENT ADDRESS: 272E 6A/5, SAKKARATHALVAR NAGAR, NALLATTINPUTHUR, THOOTHUKUDI, PIN 628716, TAMIL NADU		
EMAIL: unpassport8@gmail.com	CURRENT ADDRESS: 96 MEDIUM REGIMENT, C/O 274 TRANSIT CAMP		
DESIGNATION: HAVILDAR	COMPANY NAME: INDIAN ARMY	ADDRESS OF COMPANY/ EMPLOYER: KHANPUR ARMY CAMP	
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: O1666422	DATE OF ISSUE: 26/05/23	DATE OF EXPIRY: 25/05/25	PLACE OF ISSUE: NEW DELHI
ADDRESS DURING YOUR STAY IN LEBANON: UNDOF			
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			
<input type="checkbox"/> OTHER (please specify) _____			
DATE OF ARRIVAL: 20/07/2023	DURATION OF STAY: 2 YEAR	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: 18/06/2023

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"

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