

VISA APPLICATION FORM

GIVEN NAME: VARUN		FAMILY NAME: KHARE	
FATHER'S NAME: MAHESH NARAIN KHARE		MOTHER'S NAME: RITA KHARE	
DATE OF BIRTH: 17/05/1983	PLACE OF BIRTH: LUCKNOW, UP	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: HINDU
CONTACT NUMBER: 7060141044	PERMANENT ADDRESS: D-3, VIVEKANAND PURI LUCKNOW, UTTAR PRADESH, PIN-226007		
EMAIL: varun.diehard@gmail.com	CURRENT ADDRESS: RNO-222 SD3A(UN) SOUTH BLOCK HQ of MOD INDRMAY, NEWDELHI		
DESIGNATION: Lt COL	COMPANY NAME: INDIAN ARMY	ADDRESS OF COMPANY/ EMPLOYER: -	
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.: 01651573	DATE OF ISSUE: 30/08/2022	DATE OF EXPIRY: 29/08/2024	PLACE OF ISSUE: NEW DELHI
ADDRESS DURING YOUR STAY IN LEBANON: MISSION LEBANON (UNIFIL)			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON: FORCE HQ OF 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 _____			
DATE OF ARRIVAL:	DURATION OF STAY: 01 Years	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: **06 Sep 2022**

SIGNATURE: **V. Khare**

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"