



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: VISMA PRASAD		FAMILY NAME: SHARMA	
FATHER'S NAME: PADAM PANI SHARMA		MOTHER'S NAME: DEV DHAN SHARMA	
DATE OF BIRTH: 29 JAN 1972	PLACE OF BIRTH: GULMI	CURRENT NATIONALITY: NEPALI	OTHER NATIONALITY:
SEX: <input 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: 9841867925	PERMANENT ADDRESS: RITHARUKH, CHANDRAKOT 6, GULMI		
EMAIL:	CURRENT ADDRESS: RITHARUKH CHANDRAKOT 6, GULMI		
DESIGNATION:	COMPANY NAME:	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.: 67A0005162	DATE OF ISSUE: 10 MARCH 2023	DATE OF EXPIRY: 09 MARCH 2033	PLACE OF ISSUE: MOFA, KATHMANDU
NAME & ADDRESS OF REFERENCE IN LEBANON:			
ADDRESS DURING YOUR STAY IN LEBANON:			
RELATIONSHIP TO HOST IN LEBANON: _____ NAME (i): _____ (ii): _____			
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:	DURATION OF STAY:	ACCOMPANIED BY:	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHEN (DD/MM/YYYY) _____			
ENTERING LEBANON: <input 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: **26 / APR / 2023**

SIGNATURE:

FOR OFFICIAL USE ONLY		FEES COLLECTED	
VISA NO.: _____ / _____ / _____	DATE OF ISSUE: _____ / _____ / _____	<input type="checkbox"/> 2625 RS	<input type="checkbox"/> 52500 L.L.
VISA TYPE: <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL		<input type="checkbox"/> 3750 RS	<input type="checkbox"/> 75000 L.L.
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE		<input type="checkbox"/> 5250 RS	<input type="checkbox"/> 105000 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: _____	