



EMBASSY OF LEBANON
TO
THE REPUBLIC OF INDIA



VISA APPLICATION FORM

GIVEN NAME: MD		FAMILY NAME: SHAHINURZA	
FATHER'S NAME: ABDUL MALEK		MOTHER'S NAME: FORIDA PAF	
DATE OF BIRTH: 20-02-1986	PLACE OF BIRTH: SATKHIRA	CURRENT NATIONALITY: BANLADSHI	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: MUSLIM	
CONTACT NUMBER: 9800137356	PERMANENT ADDRESS: LANGIOLJHARA, KALAROA, LANGIOLJHARA-9910		
EMAIL: 01920365000 Abidharsainnorsim@milka	CURRENT ADDRESS: HOTEL SEEMA LODGE 3745, CHOORI WALAN RD		
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.: A04081694	DATE OF ISSUE: 12-09-2022	DATE OF EXPIRY: 11-09-2032	PLACE OF ISSUE: DHAKA
ADDRESS DURING YOUR STAY IN LEBANON:			
NAME OF REFERENCE IN LEBANON:		ADDRESS OF REFERENCE IN LEBANON:	
RELATIONSHIP TO HOST IN LEBANON:		CONTACT NUMBER:	
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 type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT			
EXPLAIN CYCLING WORLD TOUR			
DATE OF ARRIVAL: 15-02-2023	DURATION OF STAY: ONE MONTH	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 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: **30/01/2023**

SIGNATURE:

FOR OFFICIAL USE ONLY		FEES COLLECTED	
VISA NO.: _____ / _____ / _____	DATE OF ISSUE: _____ / _____ / _____	<input type="checkbox"/> 6600 RS	<input type="checkbox"/> 1312.50 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"/> 1875.00 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"/> 262.00 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"

For further informations please visit us on Embassy of Lebanon in New Delhi (@embassy.of.lebanon.in.india)

Embassy of Lebanon, India (@embassy_lebanon)

www.embassyoflebanon.in