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Reference Number: TEMP/171121/0018/01

State of Israel <u>Ministry of Interior</u> Embassy of Israel, New Delhi



מדינת ישראל <u>משרד הפנים</u> שגרירות ישראל בניו דלה

Application for entry visa to Israel

Instructions for completing application form:

- 1. Please attach a recent photograph 5.5 x 5.5 cm.
- If application is not for the purpose of visit, spcify reason and supply documentation.
- 3. Please fill in following details in English:



E- ----

Father's name	Given name	Family hame
PEDDI RAJU GOLLAMANDALA	SAMUEL BABU	GOLLAMANDALA
	PEDDI RAJU	PEDDI RAJU SAMUEL BABU

	Descent notionality	Occupation	Date of birth	Place of birth
Previous nationality	Present nationality	Occupation	COLUMN DATA OF A MARKET CANADA COLUMN	NARASAPUR,
INDIA	INDIA	TERRITORY MANAGER M.R CIPLA	12/26/1989	ANDHRA PRADESH

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state whether ye	bu have a return visa a	IU INUICALE ILS VAIIO	.,	WORK

	p€	ermanent address in	India	T	T
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
8688856933	8074686788	g.samuel0040@gm ail.com	11-6-27/2,NTR COLONY,G D M SCHOOL NARASAPURAM , WEST GODAVARI PIN; 534275 , ANDHRA PRADESH , INDIA	ANDHRA PRADESH	INDIA

oounares	Requested duration of stay in	Anticipated date	place of entry to Israel	Address in Israel
transit	Israel			

Category of residence permit (visitor, temporary resident,	Dates of previous stays in Israel
resident,immigrant, work) WORK	1.
WORK	

https://del.israelvisa.in/online/rptOnlineVisaForm.aspx

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2. 3.

particulars of dependants included in the application

Spouse (Note:Not applicable for single)

	Place of birth	Father's name	Maiden name	Given name
Date of birth 06/02/1998	ANDHRA	RAJA DE SINGH BABU YELURI	PURNA ANUSHA GOLLAMANDALA	
Family name GOLLAMANDALA	and the state of the	Travelling with	Passport U7532675	

Children under the age of 18

	2			
- 11:	Deconort	Date of hirth		Given name
I ravelling with	Passpun	Date of birth	1 1000 01 2010	GOLLAMANDALA JOYCELINFELCIA
. Annual		05/11/2018	IANDHRA PRADESH	GOLLAMANDALA JOTOLLINI LLON
		00/11/2010	Paratit	

Children above the age of 18

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Havening with	1 033001	05/11/2018	ANDHRA PRADESH	GOLLAMANDALA JOYCELINFELCIA	1
		00/11/2010	rundringthe		

Relation/references in Israel

NI-	Email	Address
Telephone No	Email	Audicas

Relationship

Name

Details of The Agency

	Mobile	La	ndline No	Email	
Agency Name AVIVA INTERNATIONAL	9892832227		652035	avivainternationa 12006@gmail.com	.1
License No:	Type of Agency:		Agency Addr		<u></u>
Regd NO B- 0713/MUM/PER/1000	+75/7403/2008 ^{ency}	v	MATHURDAS CO	NAVDEEP BUILDING,NEAR DLONY ST. ANTHONY STREET ACRUZ(E) MUMBAI-4000	

Upload File/attachment

Id Proof :VoterId	
Download File -	÷
SAMUEL BABU.jpg	

Declaration

I declare that the particulars contained in this application are correct and have been made in awareness of the fact that they are to serve as basis for the consideration of my application. I also declare that I have not committed any criminal offence or any act directed against the Jewish people or the security of the state of Israel and that I am not affected with any illness which might endanger public health. There is no judicial warrant against me and I am not wanted by the police of any country. I hereby declare that I

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https://del.israelvisa.in/online/rptOnlineVisaForm.aspx

have not been issued with a restraining order. Furthermore, I have not been denied entry into Israel. I am aware that if a preventive order of this kind has been issued against me, I will be denied entry into Israel, and will be sent back to my country of origin. I am also aware that the receipt of a visa does not in any way invalidate the right of the Israel Ministry of the Interior to deny my entry into the territory of the State of Israel, if it becomes clear that the visa was issued on the basis of false information.

Applicant's	SAMUEL BABU GOLLAMANDALA
Name :	Signature
	G. Saulh Pri

Date: 11/17/2021 3:17:35 PM Place: NEW DELHI

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