

F/T

EMBASSY OF ISRAEL

B/2 TOURIST VISA

S.NO	
1.	Fill Online Application Form (Mandatory to fill the applicant's Email id & mobile #) with Signature Attach 2 Photographs (Size 5.5 cm X 5.5 cm) with white background
2.	The Travel Document Should be valid for at least 6 months (recommended 09 months) Passport must have at least 2 blank pages
3.	MUST submit ALL PASSPORTS that you hold (including current/old/cancelled/expired/ special
4.	Must enclose the following documents: a) If invited by a friend / relative in Israel attach Invitation letter in Hebrew along with the ID copy and contact details of the invitee. b) If invited by person who's working/ studying in Israel, attach Invitation letter from the Employer/Academic institute/University for the family members. c) Approval Letter/ NOC from the place of work for your travel (In Original) mentioning - Name, Designation, Date of Joining, Passport No., Purpose of travel, Duration of stay and signed by authorized signatory with contact details. d) Covering Letter from the Applicant for the travel/ If owner of the company provide Letter head (In Original) mentioning - Name, Designation, Passport No., Purpose of travel, Duration of stay and signed by applicant with contact details. e) Personal Bank A/c statement for the last 4 months. f) If the applicant has a Business/ company's Account, please also attach a copy of that account (for last 4 months) and a copy of PAN Card for the company. g) Salary slip for the last 4 months. h) Travel and Medical insurance with COVID Coverage. i) Travel Ticket -Booking (NOT CONFIRMED TICKET) j) Tour Program (Day-to-Day Itinerary) including Hotel Reservation. k) Photocopy of Aadhaar Card and Current valid Passport (1 st & Last Page)

IMPORTANT REMARKS

1. Submit all the above mentioned documents Only in A4 size and not in back to back format.
2. If Married, then Passport must be updated with the spouse name. If not updated then provide Marriage Certificate/ any other ID with updated spouse name.
3. **IN CASE OF MINOR ACCOMPANYING PARENTS: -**
 - a) Need original Birth Certificate with Apostille (attested by MEA).
 - b) Parents (Father & Mother) need to visit IVP at the time of Submission for signing the Minor consent form.
 - c) In case one of the parent is not in India then he/ she must sign the Minor consent form at Embassy of Israel in that particular country.
4. Embassy may ask for additional documents or request for the Interview.

Datin
25/07/2023

DEG:- Cultivator

Unmarried

Single Entry

INVITED BY:- Brother

07 Aug - 28 Aug

22 Days

Reference Number: TEMP/24723/0031/01

Application for entry visa to Israel

Instructions for completing application form:

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



Previous family name	Mother's name	Father's name	Given name	Family name
	NEMLAM BOLSON	THONGKHOTHANG BOLSON	THANGKHOCHON	BOLSON

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
	INDIAN	Cultivator	10/06/1985	MOREH

Type Of Travel Docs : National Passport				Family Status	
valid untill	Issued on	issued at	number	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	
05/10/2031	06/10/2021	GUWAHATI	V1740061	<input type="checkbox"/> Widow <input type="checkbox"/> Divorced	
If you hold a Laissez-Passer issued by the State of your permanent residence, state whether you have a return visa and indicate its validity				Purpose of entry into Israel	
				INVITATION FOR WEDDING	

permanent address in India					
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
9366424047	6909798953	Thangkhochon40@gmail.com	MISSION VENG,MOREH WARD NO 2	IMPHAL	INDIA

Countries of transit	Requested duration of stay in Israel	Anticipated date	place of entry to Israel	Address in Israel
	24 days	07/08/2023	BEN GURION AIRPORT	HEGALIL 441/20

Category of residence permit (visitor, temporary resident, resident,immigrant, work)	Dates of previous stays in Israel
	1. 2. 3.

particulars of dependants included in the application

Spouse (Note:Not applicable for single)

Date of birth	Place of birth	Father's name	Maiden name	Given name
Family name		Travelling with	Passport	
		<input type="checkbox"/>		

Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name
-----------------	----------	---------------	----------------	------------

<input type="checkbox"/>					1
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Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>					1

Relation/references in Israel

Telephone No	Email	Address	Relationship	Name	
0533348213	Chion3362@gmail.com	HEGALIL 441/20	FAMILY	TZION	1

Details of The Agency

Agency Name	Mobile	Landline No	Email	
				1

License No:	Type of Agency:	Agency Address:
	--Select--	

Upload File/attachment

Id Proof :Adhar Card
Download File - IMG-20230706-WA0011.jpggaddar bolsom_20230724_192004_334_27.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 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 Name : THANGKHOCHON BOLSON Signature

Date: 24/7/2023 7:32:41 PM Place: Delhi

Thangchon

Print

To

The Isreal embassy
New Delhi 110019
India

Subject:- Request for a tourist visa

Dear Sir/Madam,

I Thongkhochon bolsom holding Indian passport no V1740061 valid 05/10/2031 Would like to travel to Isreal to attend the wedding of my relative in Isreal. *I am working as a cultivator and there is no proof of my work*

I am invited by my relative Tzion Baite ID number 336270715 Contact number 0533348213, the event will take place on 8th Aug 2023 at 18:00 at the ma'lot yeshivat hesder. *My return is on 31st Aug 2023*

My anticipated date is on 7th Aug 2023, I will be staying at my relative residence i.e Hegalil 441/20. Duration of my stay in Isreal is 24 days

I am bound to follow all the rule and regulation in Isreal and validity of the visa

Kindly consider the application and grant necessary visa

YOURS SINCERELY

Thangkhochon
Thangkhochon Bolsom

9366424047

TO WHOM IT MAY CONCERN

I Tzion a resident of israel ,ma alot tarshiha haglil 441/20

I am writing this to confirm that my brother Thangkhochon bolsom a citizen of india is invited in wedding ceremony which will take place on 13th august 2023. I undertake full responsibility to stay with us during his stay in israel. he will be staying with us for 24 days .I will ensure his safety during his stay in israel

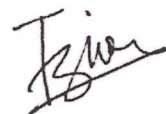
Tzion Baite

ID-336270715

Phone -0533348213

Street-malot tarshiha hagalil 441/20

signature



מיכתב בקשה

אני ציון תושב ישראל גר במעלות תרשיחא
ברחוב הגליל 441/20

אני כותב את זה כדי לאשר שאחי תנגחוצ'ון
(Thangkhochon bolsom) אזרח הודו מוזמן
בטקס נישואין שיתקיים ב-13 באוגוסט
2023. אני לוקח על עצמי אחריות מלאה
להישאר איתנו במהלך שהותו בישראל. הוא
ישהה איתנו במשך 24 ימי שהותו בישראל.

חתימה

ציון בייטה

ת.ז-336270715

נייד-0533348213

רחוב-הגליל 441/20



INVITATION

WE ARE HAPPY AND EXCITED TO INVITE YOU
THANKHOCHON BOLSON TO CELEBRATE
OUR WEDDING ANNIVERSARY WITH US, WHICH
WILL TAKE PLACE ON SUNDAY 13TH OF 2023
WE WILL BE HAPPY TO SEE YOU

YAIR & YONIT

HALL-YEHSIVAT HESDER TIME :18:00

INVINTING -TZION

ID- 336270715

MOBILE-0533348213

ISRAEL ADDRESS-HAGALIL MALOT TARSHIHA

441/20

SIGNATURE

Tzion





הזמנה

אנחנו שמחים ונרגשים להזמין
THANGKHOCHON BOLSON לחגוג עימנו את יום
נישואינו אשר יתקיים יום ראשון כ"ז באב תשפ"ג
נשמח לראות אותך

יאיר & יובית

אולם - ישיבת הסדר בשעה 18:00

הזמין

ציון בייטה

נייד - 05333348213 ת.ג - 336270715

כתובת - מעלות הגליל 441/20

SIGNATURE



אנו שמחים ונרגשים להזמינכם לחגוג עימנו את
יום נישואינו אשר יתקיים יום ראשון כ"ז באב
תשפ"ג

יאיר & יונית

13-08-23

אולם
ישיבת הסדר מעלות

חופה וקידושין
18:30

קבלת
פנים
18:00

הורי כלה
אוהליב וחנה

הורי החתן
יהודית ויגאל



WE ARE HAPPY AND EXITED TO INVITE
YOU TO CELEBRATE OUR WEDDING
ANNIVERSARY WITH US WHICH WILL
TAKE PLACE ON SUNDAY 13 2023

Yair & Yonit

13-08-23

HALL
YESHIVAT HESDER
MALOT

HOLY MSTRIMONY
18:30

RECEPTION
18:00

BRIDE PARENTS
OHALIV & KHANA

GROOM PARENTS
YEHUDIT & YEGAL



תעודת זהות
بطاقة هوية
מדינת ישראל
دولة اسرائيل
משרד הפנים
وزارة الداخلية

שם המשפחה: **בייטה**
 רשום בפנקח: **ציון לאמזאיון**
 תאריך ילידה: **כ"ד באב תשנ"ו**
09.08.1996
 תאריך תפילת תוקף: **כ"ט באב תשפ"ב**
19.8.2020
 תאריך עד סוף המסע: **י"ט באב תשפ"ג**
18.08.2030

מספר זהות: **3 3627071 5**




מדינת ישראל
دولة اسرائيل
משרד הפנים
وزارة الداخلية

3 3627071 5

בייטה
ציון לאמזאיון
הגליל
441
נשוי
2103213
מעלות-תרשיחא
10.07.2022
י"א בתמוז התשפ"ב

אילנה נגבילהינג

מדינת ישראל
دولة اسرائيل
משרד הפנים
وزارة الداخلية

3 3627071 5

בייטה
ציון לאמזאיון
הגליל
441
נשוי
2103213
מעלות-תרשיחא
10.07.2022
י"א בתמוז התשפ"ב

ילד/ילדה
ولد/وليدة

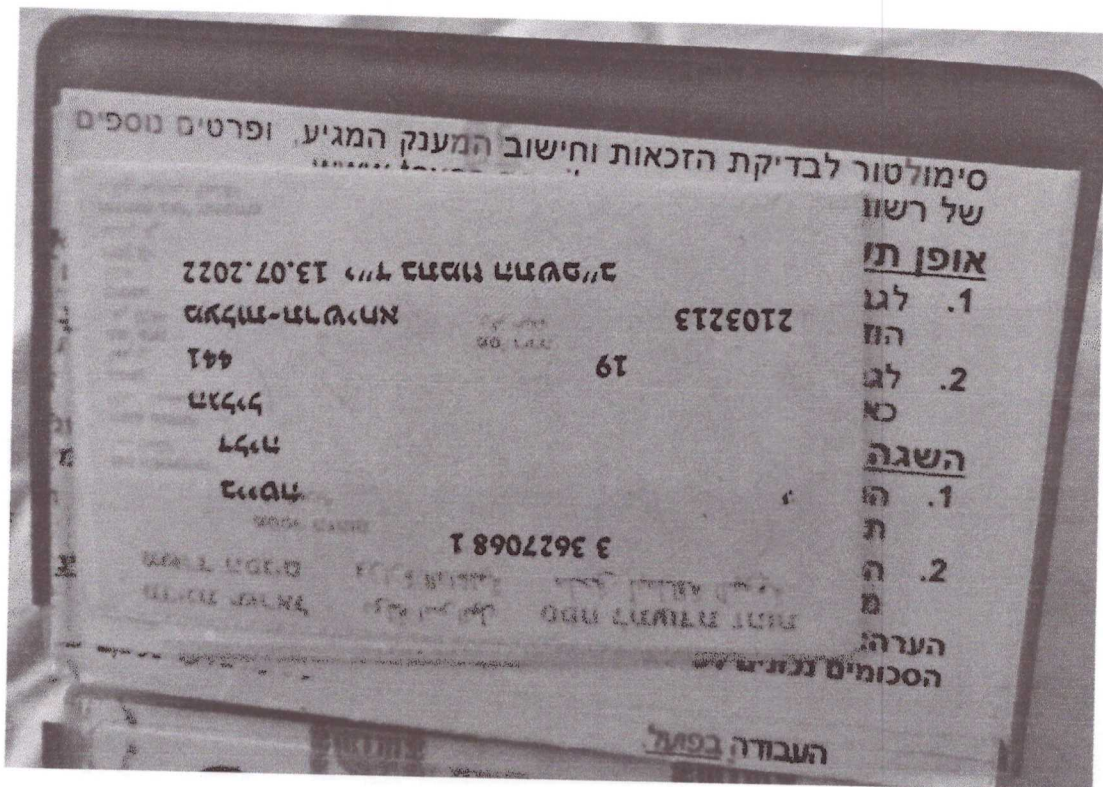
3 3627071 5

בייטה
מוריה
נקבה
2 2929154 7
19.09.2019
כ' באלול התשע"ט
המעמד: אזרחות ישראלית

ילד/ילדה
ولد/وليدة

3 3627071 5

בייטה
מוריה
נקבה
2 2929154 7
19.09.2019
כ' באלול התשע"ט
המעמד: אזרחות ישראלית



משרד הפנים
وزارة الداخلية

מדינת ישראל
دولة اسرائيل

תעודת זהות
بطاقة هوية

שם המשפחה
גויטה

השם הפרטי
יאיר זנגוחאו

תאריך הלידה
י"א בתשרי התש"ס
21.09.1999

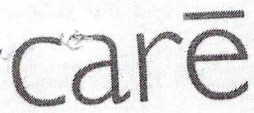
תאריך הנפקה
כ' בחשוון התשע"ט
29.10.2018

בתוקף עד סארי המפעול
ד' בחשוון התשפ"ט
24.10.2028

מספר הזהות
3 4258676 5

3 4258676 5





HEALTH INSURANCE

BEST HEALTH INSURANCE COMPANY OF THE YEAR INDIA INSURANCE SUMMIT & AWARDS 2023

TRAVEL INSURANCE

Datasheet - 'EXPLORE'

Date : 25 Jul 2023
Mr Thangkhochon Bolsom
Mission Veng Moreh Ward No-2
Po-moreh
Moreh
Moreh /95131
Manipur 14
THANGKHOCHON40@GMAIL.COM
Policy No: 69019528
Mobile No: XXXXXX8767

Dear Mr Thangkhochon Bolsom,

This is in reference to information provided by you for Explore Asia. In this regard, we would like to confirm that we have accepted the risk and the policy is issued in accordance with the details shared by you. We are issuing you this Pre-Issuance Form as a proxy to the details provided by you.

In case there is a discrepancy in this letter vis-à-vis the policy certificate issued to you, the details in the policy certificate shall prevail. The relevant details of your policy are:

Policy Details

Table with 5 columns: Geographical Scope, Plan Name, Sum Insured, Type of Trip, Policy Period, Total no. of /n travel days. Row 1: Asia, Explore Asia, USD 1,00,000.00, SINGLE, From 07-Aug-2023 To 05-Sep-2023, 30 days.

Details of Insured

Table with 6 columns: Relationship, Date of Birth, Gender, Sum Insured, Passport Number, Pre-existing diseases, Other PED.

TRAVEL INSURANCE

Datasheet - 'EXPLORE'

Date : 25 Jul 2023

Mr Thangkhochon Bolsom
Mission Veng Moreh Ward No-2
Po-moreh
Moreh
Moreh 795131
Manipur 14
THANGKHOCHON40@GMAIL.COM
Policy No: 69019528
Mobile No: XXXXXX8767

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In case there is a discrepancy in this letter vis-à-vis the policy certificate issued to you, the details in the policy certificate shall prevail. The relevant details of your policy are:

Policy Details

Geographical Scope	Plan Name	Sum Insured	Type of Trip	Policy Period	Total no. of /n travel days
Asia	Explore Asia	USD 1,00,000.00	SINGLE	From 07-Aug-2023 To 05-Sep-2023	30 days

Details of Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Thangkhochon Bolsom	MEMBER	10-Jun-1985	Male	USD 1,00,000.00	V1740061	NONE	NO

Additional Details

Does any person(s) to be insured has any pre-existing diseases?

Insured 1
N

Is any of the person(s) to be insured, already covered under any other health insurance policy of Care Health Insurance?

Insured 1
N

Certificate of Insurance - EXPLORE

Retail Travel Insurance for Policy holder has been issued at Delhi by Care Health insurance Limited . This confirmation, issued under the signatures of the insured, represents the availability of benefit to the below mentioned insured Person, who is a permanent employee of the insured, or a dependant of a permanent employee of the insured or a customer of the insured. details are as specified below, subject to the terms, conditions and exclusions contained or otherwise expressed in the said policy, but not exceeding the Sum Insured as specified in Certificate of Insurance. Premium paid is Rs 928.00 (inclusive of GST)

Mr Thangkhochon Bolsom
Mission Veng Moreh Ward No-2
Po-moreh
Moreh
Moreh 795131
Manipur 14
THANGKHOCHON40@GMAIL.COM

Mobile No:7669098767
Client ID : 28318059
Date of Birth : 10-Jun-1985

Policy Details

Certificate Of Insurance No.	69019528
Plan Name	Explore Asia
Sum Insured	USD 1,00,000.00
Policy Period - Start Date	00:00 hrs 07-Aug-2023
Policy Period - End Date	Midnight 05-Sep-2023
Trip Type	SINGLE
Total No. of Travel days	30 days
Zone	Asia
Nominee Name (Relation)	NEMLAM BOLSON
Premium Paid	Rs 928.00 Premium Rs.787+CGST Rs0.00+IGST Rs141.61+SGST Rs0.00+UGST Rs0.00
Premium Payment Mode	Single Premium

Details of Insured

Name	Relationship	Date of Birth	Gender	Sum Insured	Passport Number	Pre-existing diseases	Other PED
Thangkhochon Bolsom	MEMBER	10-Jun-1985	Male	USD 1,00,000.00	V1740061	NONE	NO

Intermediary Details

Name	Code	Contact Details
Deepika Mehta	20191492	8700742476

Schedule of Benefits

S No.	Name of Benefits	Sum Insured	Deductibles
1	In-Patient Care	Up to SI	US \$ 100
2	Out-patient Care Treatment	Up to SI	US \$ 100
3	Daily Allowance	US \$ 25 per day, max 5 consecutive days	2 DAYS
4	Up-gradation to Business Class	Up to US \$ 1,000	N.A.
5	Dental Treatment	Up to US \$ 300	US \$ 100
6	Personal Accident	US \$ 15,000	N.A.
7	Trip Cancellation	Up to US \$ 1,000	N.A.
8	Trip Interruption	Up to US \$ 500	N.A.
9	Trip Delay	\$25 per each set of 4 hours delay; Up to 150 \$	N.A.

care

HEALTH
INSURANCE

**BEST HEALTH INSURANCE
COMPANY OF THE YEAR**

INDIA INSURANCE SUMMIT & AWARDS 2023

For Care Health Insurance Limited



Authorized Signatory

Date of Issue : 25 Jul 2023

Place of Issue : Gurgaon, Haryana

Service Branch : 2nd Floor Office no 202 & 203 Prabhat Kiran Rajendra Place New
DelhiNew Delhi, Delhi, 110008

Branch Contact No. : 9289454695

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State

GSTIN No.: 07AADCR6281N1ZU

UIN :RHITIOP20134V031920

Note:

- Attached with this Policy Certificate are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please feel free to write to us at <https://www.careinsurance.com/contact-us.html>
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy. In case this Policy is issued on "Single Trip" basis, the Policy can be extended as per the provisions of Clause 5.11 of the Policy Terms and Conditions

care HEALTH INSURANCE

Thangkhoen Bolsom

Policy No. **DOB**
69019526 10-Jun-1985

Validity
07-Aug-2023 To 06-Sep-2023


care HEALTH INSURANCE



Assistance Service Provider - Falck Global Assistance

In the event of a claim, contact our 24 hour helpline numbers

USA & Canada	+1844 301 3135 +1844 301 3146 (Toll Free)
Any other country	+91 124 4498760 (Call Back Facility)
E-mail	travelassistance@careinsurance.com

 www.careinsurance.com



SELF HELP

Follow Your Query@Falck | www.careinsurance.com/contact-us

This card is not Transferable. Use of this card is governed by the Policy Terms & Conditions.
IRDAI Registration No. 148

UCO BANK, MOREH
 Customer Account Ledger Report

Report To :
 Solid :
 Set Id : 3273 MOREH
 GI Sub Head Code : 32730110061152
 Accb Range : 32730110061152 to 32730110061152
 Currency Code :
 Account Label :
 Open/Closed M/cs (O/C) :
 Period : 01-01-2023 to 24-07-2023
 Limit Details : Y
 Order by GL Date :
 8

24-07-2023 12:30:43

Page 2

UCO BANK MOREH
 Customer Account Ledger Report from 01-01-2023 to 24-07-2023

Service OutLet : 3273 MOREH
 Account No : 32730110061152 INR THANGHOCHON BOLSON
 GI Sub Head Code : 12010 SAVINGS ORDINARY
 Opening Balance : 0.00
 Peg Review date : 31-12-2099

GL Date	Value Date	Instrmt Number	Particulars	Transaction Debit Amount	Transaction Credit Amount	Balance	Entry User Id	Verified User Id
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26-06-2023	26-06-2023		BY CASH	174.99		30,000.00		MH054554
27-06-2023	27-06-2023		diff card AMC Chgs 01042022	15.74		29,825.01Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff card AMC Chgs 01042022		15.74	29,809.27Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff card AMC Chgs 01042022		25.00	29,793.53Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29062022	2.25		29,768.53Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29062022	2.25		29,766.28Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29062022	2.25		29,764.03Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff INOP Chgs 29092022	46.61		29,717.42Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff INOP Chgs 29092022	4.19		29,713.23Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff INOP Chgs 29092022	4.19		29,709.04Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29092022	25.00		29,684.04Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29092022	2.25		29,681.79Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29092022	2.25		29,679.54Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29122022	25.00		29,654.54Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29122022	2.25		29,652.29Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29122022	2.25		29,650.04Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff INOP Chgs 29032023	46.61		29,603.43Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff INOP Chgs 29032023	4.19		29,599.24Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff INOP Chgs 29032023	4.19		29,595.05Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29032023	25.00		29,570.05Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29032023	2.25		29,567.80Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff MIN BAL Chgs 29032023	2.25		29,565.55Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff card AMC Chgs 30032023	175.00		29,390.55Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff card AMC Chgs 30032023	15.75		29,374.80Cr	APPS4	APPS4
27-06-2023	27-06-2023		diff card AMC Chgs 30032023	15.75		29,359.05Cr	APPS4	APPS4
28-06-2023	28-06-2023		CWDR/000000003180/28-06-2023 13:54:14/EFT	10,000.00		19,359.05Cr	CDCI	CDCI
29-06-2023	29-06-2023		MPAY/UEPI/TRTR/316610145918/PUNB/6909103425@upi/UP		5,000.00	24,359.05Cr	CDCI	CDCI
30-06-2023	30-06-2023		CRTR/000000003868/30-06-2023 14:03:13/EFT		26,000.00	50,359.05Cr	CDCI	CDCI
02-07-2023	02-07-2023		32730110061152:Int.Pd:01-04-2023 to 30-06-2023		11.00	50,370.05Cr	APPS1	APPS1
04-07-2023	04-07-2023		CWDR/000000004946/04-07-2023 11:05:29/EFT			40,370.05Cr	CDCI	CDCI
05-07-2023	05-07-2023		MEAY/UEPI/TRTR/316617388761/PUNB/07910101908466P/U			40,270.05Cr	CDCI	CDCI

Order by GL Date.

30,000.00

MPAY/UPI/TRTR/319317771661/PUNE/69091034250upi/UP
 MEAY/UPI/TRTR/319419596212/PUNE/69091034250upi/UP

5,000.00
 5,000.00

12-07-2023 12:07:43
 13-07-2023 13-07-2023

45,270.05Cr CDCI
 50,270.05Cr CDCI

Order by Gl. Date.

Date	Limits (\$..+TODs)	Draw Power	Int Rate
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Page 3

UCO BANK MOREH
 Customer Account Ledger Report from 01-01-2023 to 24-07-2023

Service OutLet : 3273 MOREH
 Account No : 32730110061152 INR THANGKHOCHON BOLSON
 Gl Sub Head Code : 12010 SAVINGS ORDINARY
 B/F Balance : 50,270.05Cr
 Peg Review date : 31-12-2099

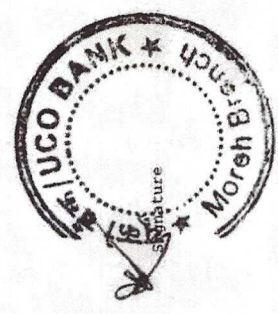
01-01-2023

0.00

0.00

2.6000

Page Total Credit : 0
 Page Total Debit : 0
 Closing Balance : 50,270.05
 Total Credit : 71,011.00
 Total Debit : 20,740.95
 Signature :



***** 3 pages printed. End of Report*****



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

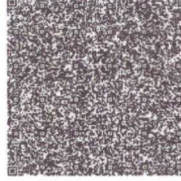
Enrollment No.: 2009/14031/78502

To
Thangkhochoh Bolsom
C/O: Tongkhothang Bolsom,
Mission Veng Moreh Ward No 2,
VTC: Tengnoupal Sub-Division,
PO: Moreh,
Sub District: Tengnoupal Sub-division, District: Chandel,
State: Manipur,
PIN Code: 795131,
Mobile: 6909798953

57494389



MF574943898F1



आपका आधार क्रमांक / Your Aadhaar No. :

8908 6784 4125

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार

Issue Date : 23/01/2021



Thangkhochoh Bolsom
DOB : 10/06/1985
Male

8908 6784 4125

मेरा आधार, मेरी पहचान