

Original Docs.  
- Marriage

A4/DEPENDENT

EMBASSY OF ISRAEL

A/4 DEPENDENT VISA (INDIVIDUAL)

S.NO	
1.	Fill Online Application Form (Mandatory to fill applicants 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 <b>ALL PASSPORTS</b> that you hold (including current/old/cancelled/expired/ special)
4.	Must enclose the following documents: -  a) Updated Invitation letter from the Academic Institute/University for the family members. b) Covering Letter from the Applicant for the travel ( <b>In Original</b> ) mentioning - Name, Passport No., Purpose of travel, Duration of stay and signed by applicant with contact details. c) If associated with any Organization/ Institute, then need to provide the NOC from there. d) Copy of Passport & valid visa of holder located in Israel. e) Travel and Medical insurance with COVID Coverage f) Travel Ticket -Booking (NOT CONFIRMED TICKET) g) Photocopy of Aadhaar card and Current Valid Passport (1 <sup>st</sup> & Last Page) h) Photocopy of parents passport (1 <sup>st</sup> & Last Page), If doesn't have the passport, submit a declaration with Aadhar card copy.

**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 should be updated with the spouse name as well as the spouse passport also to be updated with the spouse name. Also, submit Original Marriage Certificate with Apostille. (If Marriage Certificate can be tracked online on official (govt.) website then Apostille on certificate is not required).
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.

20 Aug 2023

Datin  
25/07/2023

Reference Number: TEMP/25723/0001/01

## 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
	JHUMUR MAJUMDER	CHANCHAL MAJUMDER	MADHURI	MAJUMDER

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
	INDIAN	HOUSE WIFE	01/03/1995	KRISHNAGAR, WEST BENGAL

Type Of Travel Docs : National Passport				Family Status	
valid untill	Issued on	issued at	number	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single
09/25/2032	09/26/2022	KOLKATA	W5222359	<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	
				DEPENDENT VISA	

permanent address in India					
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
7003283755	8600773538	MADHURIMAJUDER@1@GMAIL.COM	PATRA MARKET, M.M.GHOSH LANE KRISHNANAGAR O-KRISHNAGAR, NADIA PIN:741101	WEST BENGAL	INDIA

Countries of transit	Requested duration of stay in Israel	Anticipated date	place of entry to Israel	Address in Israel
DUBAI	72 DAYS	20/08/2023	TEL-AVIV	STUDENT DORMITORY THE HEBREW UNIVERSITY OF JERUSALEM ISRAEL.

Category of residence permit (visitor, temporary resident, resident, immigrant, work)	Dates of previous stays in Israel
TEMPORARY RESIDENT	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

## 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	
8600773538	SOURAVCHAKRABORTY031@GM AIL.COM	STUDENT DORMITORY THE HEBREW UNIVERSITY OF JERUSALEM ISRAEL.	HUSBAND	SOURAV CHAKRABORTY	.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 - <a href="#">photo.jpeg</a>

## 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 : MADHURI MAJUMDER Signature

Date: 25/7/2023 9:51:32 AM Place: NEW DELHI

*Madhuri Majumder*

Print

Cover Letter

To

The Consulate General of the Israel,  
3, Dr. APJ Abdul Kalam Road,  
New Delhi – 110011, India

**Sub: Application for A4 dependent visa for Madhuri Majumder (Passport No.  
W5222359)**

Dear Sir / Madam,

I, **Madhuri Majumder**, an Indian citizen, passport No. **W5222359**, would like to submit my A4 dependent visa application. My husband **Sourav Chakraborty** is now currently studying as a postdoctoral fellow under the supervision of Prof. Yoel Sasson in the Hebrew University of Jerusalem. I am a house wife, and I want to join him in Israel. The

duration of my stay will be from 20<sup>th</sup> of August, 2023 to 31<sup>st</sup> of October, 2023. My travel date is 20<sup>th</sup> August 2023. My all expenses are bear my by husband.

In these circumstances, I will be highly obliged to you if you kindly grant my visa. Here,

I am attaching the following documents with this application for your kind convenience.

I would love to ask you the benefit of doubt.

Sincerely yours,

*Madhuri Majumder*

Madhuri Majumder (passport no. W5222359)

Krishnanagar, Nadia, West Bengal, 741101

Cell Phone: +91-7003283755

Email ÷ Madhurimajumder01@gmail.com

To

The Consulate General of Israel

3, Dr APJ Abdul Kalam Road

New Delhi – 110011 , India

Invitation letter for Madhuri Majumder for the application of A4 Depended Visa

I am writing this request letter on behalf of **Madhuri Majumder** (passport no. W5222359) my wife. I would like her to come and stay with me in Israel from 20<sup>th</sup> of August, 2023 to till 31<sup>st</sup> of October 2023.

I confirm that my name is **Sourav Chakraborty** (passport no. M7087870). I am studying in The Hebrew University of Jerusalem. After finishing my PhD studies I started my Postdoc studies from 1<sup>st</sup> July, 2023. I have been studying here since February, 2020. As I am an Indian citizen, I am well aware that I will be responsible for my wife's visit. She will be completely financed by me during the whole visiting period of time. She will be staying with me at my dorms in the University's campus during the whole visiting period of time.

I will be personally made sure that her return to India before the expiration of the A4 depended visa.

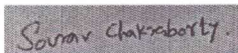
I enclose all the documents.

Name: Sourav Chakraborty

Passport No. M7087870

Ph. no ÷ 8600773538

Yours Sincerely,



Sourav Chakraborty

Email id ÷ Souravchakraborty031@gmail.com.



האוניברסיטה העברית בירושלים  
THE HEBREW UNIVERSITY OF JERUSALEM

July 20, 2023

To whom it may concern,

We hereby confirm that Mr. Sourav Chakraborty Passport number **M7087870**, is registered as a Post-Doc student in the lab of Prof. Yoel Sasson, in the Faculty of Science, at the Hebrew University of Jerusalem.

Mr. Sourav Chakraborty would like to invite his wife to visit him in Israel. For the duration from **20th August, 2023 to 31st October, 2023**.

Mrs. **MADHURI MAJUMDER** Passport number **W5222359**

We kindly ask you to provide the above listed with a visitor's visa for the duration of her visit.

Sincerely,

ג'ני טרנר



Jane Turner  
Head of International Office

The International Office  
Mount Scopus  
Jerusalem 91905, Israel  
Tel. 972-2-5881914  
Fax. 972-2-5883021  
janet@savion.huji.ac.il

המשרד הבינלאומי  
הר הצופים  
ירושלים 91905  
טלפון: 02-5881914  
פקס: 02-5883021  
janet@savion.huji.ac.il



December 22, 2019

Mr. Chakraborty,

Student no: 98990087  
Passport no.: M7087870

הרשות לתלמידי מחקר

The Authority  
for Research Students

Dear Mr. Sourav Chakraborty,

I am pleased to inform you that the Authority for Research Students has decided to accept you as a PhD student (stage A) in the department of CHEMISTRY at the Hebrew University of Jerusalem.

**In order to begin your PhD studies you will be required to present the original diplomas and records of studies at the Authority for Research Students.**

Once you have presented the original documents, you are required to register for the academic year 2019/20, using the registration system – 'rishum-net',

<https://rishum-net.huji.ac.il/site/student/login.asp?CurrLang=English>

Your student number (please find at the top of this letter) will be used as an ID number on the system. Instructions on how to use the system - <https://www.youtube.com/watch?v=oucl-w8ngFk>

You are expected to begin your studies as a PhD student on **15/01/2020.**

You are accepted under the supervision of Prof. Yoel Sasson.

Stage A allows you a period of 18 months in which you shall prepare a research proposal and at the end of which you will present this proposal to your supervisor and your advisory committee for evaluation. On the approval of your proposal by the Authority for Research Students you shall be entering stage B, which allows you a period of up to four years in order to accomplish your research and write your PhD dissertation.

**Knowledge of English: According to the Hebrew University's regulations you are required to obtain an exemption level in English within two years from your being accepted as a PhD student (Stage A).**

As for English courses, please contact the Unit for English as a Foreign Language: Ms. Tsvia Cohen: [tsviyac@savion.huji.ac.il](mailto:tsviyac@savion.huji.ac.il)  
02 5881749; 02 5883390.

Please also see AMIR/AMIRAM international tests:  
<https://www.nite.org.il/index.php/en/>

קרית אדמונד י' ספרא  
ירושלים 91904  
טלפון: 02-6584408  
פקס: 02-5619872  
אתר:  
[www.research-students.huji.ac.il](http://www.research-students.huji.ac.il)  
דוא"ל:  
[research\\_students@savion.huji.ac.il](mailto:research_students@savion.huji.ac.il)

Edmond J. Safra campus  
Jerusalem 91904, Israel  
Tel. 972-2-6584408  
Fax. 972-2-5619872  
Website:  
[www.research-students.huji.ac.il](http://www.research-students.huji.ac.il)  
Email:  
[research\\_students@savion.huji.ac.il](mailto:research_students@savion.huji.ac.il)



PhD courses: While working on your dissertation, you will be required to attend 12 credit points amount of courses relevant to your research and pass each course with a grade of at least 75/100 (and an average of at least 80/100).

הרשות לתלמידי מחקר

The Authority  
for Research Students

Annual registration: At the beginning of each academic year you will be required to register (using the course registration system "rishum-net") and pay the annual tuition. Please note that the annual registration process should also be done in years in which you do not intend to take any courses. The annual registration constitutes a condition for obtaining the status of a research student at The Hebrew University.

Personal site and Email box: As soon as you are accepted and complete the registration procedure, the Hebrew University sets for you a personal site as a student and an email box – both will serve you during your studies for information and communication with the University. Please note that all messages from the university will be sent to you at the university email address only. Please enter your personal site in order to activate your email box.

Tuition: PhD students who begin their studies in the first (fall) semester pay tuition as follow: 40% of the general tuition in each of the first two years and 10% of the general tuition in each other year. PhD students who begin their studies in the second (spring) semester pay tuition as follows: 25% of the general tuition in the first and third years; 40% of the general tuition in the second year and 10% of the general tuition in each other year. Please pay your tuition through the university's site -'Students' -> 'Personal information'.

Medical Insurance: Students who are not Israeli citizens must have health insurance while they are students at the Hebrew University. Health insurance can be arranged through the Hebrew University or independently. Either way, please visit the following link for further information and instructions - <http://en.ksafim.huji.ac.il/book/health-insurance>.

קרית אדמונד י' ספרא  
91904 ירושלים  
טלפון: 02-6584408  
פקס: 02-5619872  
אתר:

[www.research-students.huji.ac.il](http://www.research-students.huji.ac.il)  
דוא"ל:  
[research\\_students@savion.huji.ac.il](mailto:research_students@savion.huji.ac.il)

Edmond J. Safra campus  
Jerusalem 91904, Israel  
Tel. 972-2-6584408  
Fax. 972-2-5619872  
Website:

[www.research-students.huji.ac.il](http://www.research-students.huji.ac.il)  
Email:  
[research\\_students@savion.huji.ac.il](mailto:research_students@savion.huji.ac.il)

#### Dormitories:

If you are interested in dormitories, please contact Mr. Adrian Kramer:  
[adriank@savion.huji.ac.il](mailto:adriank@savion.huji.ac.il)

Financial support: The Authority for Research Students does not offer fellowships. Please consult your supervisor concerning the possibilities for financial support.





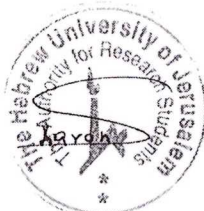
Visa: You have to obtain a **multiple-entry A/2 student visa** through an Israeli embassy or consulate **prior to your arrival in Israel**. This is a condition for entering the country.

Student life coordinator – Ms. Gal Lombrozo is the social coordinator for international research students at the Hebrew University. Gal will send you soon additional information regarding non-academic issues she can assist with.

הרשות לתלמידי מחקר

The Authority  
for Research Students

With best wishes,



Sharon Haliva  
The Authority for Research-Students.

cc. Prof. Yoel Sasson  
Ms. Ilona Gajlieva  
Ms. Gal Lombrozo

קרית אדמונד י' ספרא  
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[www.research-students.huji.ac.il](http://www.research-students.huji.ac.il)  
Email:  
[research\\_students@savion.huji.ac.il](mailto:research_students@savion.huji.ac.il)



Date: 10 July 2023

Mr. Sourav Chakraborty  
Email: [sourav.chakraborty@mail.huji.ac.il](mailto:sourav.chakraborty@mail.huji.ac.il)  
Passport No.: M7087870

Dear Mr. Sourav Chakraborty,

I am pleased to inform you that you have been awarded a Postdoctoral Fellowship in the Faculty of Science starting 1 July 2023 to 31 December 2023.

The terms of this fellowship are as follows: You will receive a grant in the sum of 8,000 NIS per month, and will be paid to you as long as you actively conduct your postdoctoral studies under the supervision of Prof. Yoel Sasson at the Hebrew University.

Please contact Prof. Yoel Sasson regarding your arrival schedule and research plans.

We kindly request, that you observe all rules, regulations, and standard university practices. Attached please find extracts from various Hebrew University of Jerusalem regulations for visiting researchers.

Valuable pre-arrival information will be sent to you shortly by Coordinator of Support Services for International Students. Please follow these instructions carefully.

For any further assistance and support, you are invited to contact the International Students Coordinator at: [phdlife@savion.huji.ac.il](mailto:phdlife@savion.huji.ac.il)

I wish you much success with your postdoctoral fellowship.

Sincerely yours,

Prof. Assaf Friedler, Faculty of Science

Cc: Prof. Yoel Sasson, Supervisor



पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

**ARUN CHAKRABORTY**



M7087870

माता का नाम / Name of Mother

**RAMA CHAKRABORTY**

पति या पत्नी का नाम / Name of Spouse

पता / Address

**GARHPRATAP NAGAR**

**PO & PS- GHATAL, WEST MEDINIPUR**

**PIN: 721212, WEST BENGAL, INDIA**

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

फाइल नं. / File No.

**CA2068270647715**











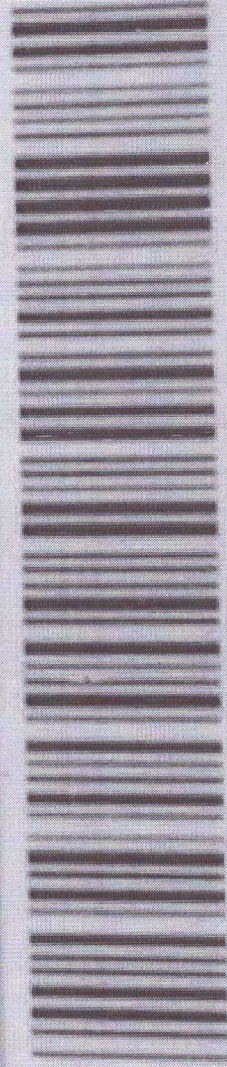


האוניברסיטה העברית בירושלים  
THE HEBREW UNIVERSITY OF JERUSALEM

**תעודת סטודנט/ית STUDENT CARD**

סוראב שקרבורת'י  
Sourav Chakraborty

ID: 989900873 ת"ז:



שעה: 17:54:01  
תאריך: 19/07/23  
דף: 2 / 1

חשבון: 330- 45617/66 סוארב צ'אקרוטוי

סניף: 903 בית הכרם

ח.ס. זה"ב (iban): 4561 766 0000 0300 0109 191

דף חשבון ותנועות בשק"מ נכון לתאריך: 19/07/23  
תאריך: 01/01/2023 עד לתאריך: 19/07/2023

תאריך תחילת הפעולה	אסמכתא	ת.ערך חובה	זכות	יתרה
01/01	19789	01/01	5,719.56	8,784.18
01/01	97739	01/01	0.55	8,783.63
01/01	3	01/01	4.95	8,778.68
01/01	171043	01/01	2,000.00	6,778.68
02/01	732845	02/01	1,379.98	5,398.70
06/01	60111	06/01	400.00	4,998.70
08/01	116009	08/01	100.00	4,898.70
09/01	83348	09/01	3,000.00	1,898.70
15/01	99031	15/01		6,658.70
16/01	86014	16/01	2,000.00	4,658.70
22/01	29798	22/01	1,607.61	3,051.09
22/01	25528	22/01	2,000.00	1,051.09
01/02	19789	01/02		7,587.73
01/02	10	01/02	16.50	7,571.23
02/02	512845	02/02	951.19	6,620.04
02/02	87880	02/02	700.00	5,920.04
02/02	88327	02/02	2,000.00	3,920.04
05/02	99031	05/02		6,300.04
07/02	74140	07/02	1,000.00	5,300.04
08/02	87832	08/02	100.00	5,200.04
09/02	101779	09/02	3,000.00	2,200.04
09/02	151441	09/02		2,400.04
13/02	99012	13/02		3,050.04
13/02	130830	13/02	650.00	2,400.04
15/02	99009	15/02		3,436.04
21/02	29798	21/02	1,612.62	1,823.42
21/02	62072	21/02	176.00	1,647.42
23/02	7315	23/02		1,823.42
26/02	260218	26/02	200.00	1,623.42
01/03	19789	01/03		8,160.06
01/03	14	01/03	23.10	8,136.96
02/03	912845	02/03	1,887.78	6,249.18
02/03	81449	02/03	1,000.00	5,249.18
02/03	80309	02/03	3,000.00	2,249.18
05/03	49925	05/03		12,249.18
14/03	107980	14/03	100.00	12,149.18
15/03	99012	15/03		12,199.18
19/03	23834	19/03		12,441.18
20/03	99012	20/03		12,443.18
21/03	29798	21/03	1,620.50	10,822.68
21/03	99012	21/03		11,000.68
23/03	70244	23/03	100.00	10,900.68
02/04	222845	02/04	1,068.99	9,831.69
02/04	19789	02/04		15,551.25
02/04	99031	02/04		20,451.25
02/04	10	02/04	16.50	20,434.75
02/04	35931	02/04	1,000.00	19,434.75
02/04	242416	02/04	4,000.00	15,434.75
03/04	138929	03/04	5,600.00	9,834.75
09/04	90416	09/04	250.00	9,584.75
09/04	173593	09/04		9,884.75
20/04	3760	20/04	1,000.00	8,884.75
21/04	29798	21/04	1,626.80	7,257.95
23/04	3783	23/04	7,200.00	57.95
01/05	19789	01/05		5,777.51
01/05	10	01/05	16.50	5,761.01
02/05	232845	02/05	2,240.79	3,520.22
02/05	129075	02/05	1,500.00	2,020.22
02/05	127905	02/05	300.00	1,720.22
03/05	99012	03/05		1,918.22
11/05	99031	11/05		4,368.22
15/05	20391	15/05	2,500.00	1,868.22
21/05	210518	21/05	200.00	1,668.22
21/05	29798	21/05	1,639.42	28.80
01/06	19789	01/06		5,748.36
01/06	9	01/06	14.85	5,733.51
02/06	442845	02/06	863.38	4,870.13
04/06	34461	04/06	2,000.00	2,870.13
06/06	60618	06/06	300.00	2,570.13
12/06	78450	12/06		3,070.13

החשבון נדף הבא  
שעה: 17:54:01

חשבון: 330- 45617/66 סוארב צ'אקרוטוי



תאריך: 19/07/23  
 1/ 2: 97

סניף: 903 בית הכרם  
 חס. ז"ב (Iban): 0191 0109 0300 0000 4561 766  
 דף חשבון ותנועות בשקלים נכון לתאריך: 19/07/23  
 מתאריך: 01/01/2023 עד לתאריך: 19/07/2023

יתרה	זכות	ת. ערך חובה	אסמכתא	תאריך תאור הפעולה
3,270.13	200.00	19/06	85364	19/06 העברה דיגיטלית 007
3,470.13	200.00	20/06	76070	20/06 העברה דיגיטלית 007
1,827.56		21/06	29798	21/06 האונ' העברית-י
2,027.56	200.00	21/06	59755	21/06 העברה דיגיטלית 007
2,227.56	200.00	21/06	60258	21/06 העברה דיגיטלית 007
2,627.56	400.00	23/06	99012	23/06 מב. הפועלים-י
2,747.56	120.00	25/06	99012	25/06 מב. הפועלים-י
5,197.56	2,450.00	25/06	99031	25/06 מהביונלאומי ס-י
3,209.99		02/07	382845	02/07 לאומי מאסטרקרד
8,929.55	5,719.56	02/07	19789	02/07 האונ' העברית-י
8,914.70		02/07	9	02/07 עמל. ערוץ יש 9
6,414.70		03/07	96480	03/07 העברה דיגיטלית 007
6,114.70		09/07	90714	09/07 חשיכת מזומן 487

פ - פעולות על ידי פקיד (במסגרת אשכול "פעולות על ידי פקיד" בתעריפון העמלות, לפעולות שבוצעו החל מתאריך 1.7.08)  
 י - פעולות בערוץ ישיר (במסגרת אשכול "פעולות בערוץ ישיר" בתעריפון העמלות, לפעולות שבוצעו החל מתאריך 1.7.08)

Date: 12/07/2023

The Hebrew University Of Jerusalem Israel  
Student Dormitory Management – Dean of Students

To Whom It May Concern

I hereby approve that Mr. Sourav Chakraborty israeli/student ID number: 989900873

has signed a Dormitory residence contract for the academic year of 2022/2023 that contains the following information:

1. The contract is valid between 15/09/2022 and 14/09/2023
2. The total rent charges for that period is 19710.74 NIS – according to the 05/2023 consumer price index rating.
3. The following is the students assigned dormitory information

Date of entry	Evacuation Date	Rate	Address	Dormitory manager
15/09/2022	14/09/2023	single-level, no discount	Maiersdorf, מייסד 10, Maiersdorf A, Building 5, Floor 100, Room 104	Name: Doyev Limor office number: 02-5882675/8 office address: Building 10

4. The following shows the different dorm charges up until 12/07/2023 according to the 07/2022 consumer price index rating.

	rent period beginni	rent period end	amount	payment do until	Funding organizatio
Rent fee - voucher 1	15/09/2022	31/10/2022	2412.3990	21/09/2022	
Municipal tax	15/09/2022	31/10/2022	106.1954	21/09/2022	
Rent fee - voucher 2	01/11/2022	30/11/2022	1573.3037	21/10/2022	
Municipal tax	01/11/2022	30/11/2022	69.2583	21/10/2022	
Rent fee - voucher 3	01/12/2022	31/12/2022	1573.3037	21/11/2022	
Municipal tax	01/12/2022	31/12/2022	69.2583	21/11/2022	
Rent fee - voucher 4	01/01/2023	31/01/2023	1573.3037	21/12/2022	
Municipal tax	01/01/2023	31/01/2023	69.2583	21/12/2022	
Rent fee - voucher 5	01/02/2023	28/02/2023	1573.3037	22/01/2023	
Municipal tax	01/02/2023	28/02/2023	69.2583	22/01/2023	
Rent fee - voucher 6	01/03/2023	31/03/2023	1573.3037	21/02/2023	

This document is an official confirmation here by HUJI Dormitory Management if any suspicion of forgery and it is true to the day it is printed. 02-5882992 – occurs, please contact HUJI Dormitory Management by fax

4. The following shows the different dorm charges up until 12/07/2023 according to the 07/2022 consumer price index rating.

	rent period beginni	rent period end	amount	payment do until	Funding organizatio
Municipal tax	01/03/2023	31/03/2023	69.2583	21/02/2023	
Rent fee - voucher 7	01/04/2023	30/04/2023	1573.3037	21/03/2023	
Municipal tax	01/04/2023	30/04/2023	69.2583	21/03/2023	
Rent fee - voucher 8	01/05/2023	31/05/2023	1573.3037	21/04/2023	
Municipal tax	01/05/2023	31/05/2023	69.2583	21/04/2023	
Rent fee - voucher 9	01/06/2023	30/06/2023	1573.3037	21/05/2023	
Municipal tax	01/06/2023	30/06/2023	69.2583	21/05/2023	
Rent fee - voucher 10	01/07/2023	31/07/2023	1573.3037	21/06/2023	
Municipal tax	01/07/2023	31/07/2023	69.2583	21/06/2023	
Rent fee - voucher 11	01/08/2023	31/08/2023	1573.3037	21/07/2023	
Municipal tax	01/08/2023	31/08/2023	69.2583	21/07/2023	
Rent fee - voucher 12	01/09/2023	14/09/2023	734.2084	21/08/2023	
Municipal tax	01/09/2023	14/09/2023	32.3212	21/08/2023	

A deposit payment has been made on the total sum of 1100.00 NIS. The deposit payment will be deducted from the first month's rent of each contract

Dormitory Managment

This document is an official confirmation here by HUJI Dormitory Management if any suspicion of forgery and it is true to the day it is printed. 02-5882992 – occurs, please contact HUJI Dormitory Management by fax



Policy Schedule - Tour & Care Insurance Policy

Policy Number:	<b>585048816823</b>	Print Date:	<b>16/07/2023</b>
Branch:	<b>585</b>	Offer Date:	<b>20/08/2023</b>
Type of Program:	<b>Tour&amp;Care</b>	Clalit Medical Service Number:	<b>74300611238</b>
Agent:	<b>40219 ידידים הסדרים פנסיונים</b>	Collective:	<b>האוני' העברית משפחות - כ</b>
Email:		Occupation:	<b>Student</b>

Insurance Period	From	<b>20/08/2023</b>	To	<b>18/09/2023</b>
Total insurance days	<b>30</b>			

**All Medical Services will be given by the "Clalit Medical network".  
Call Center to arrange appointment at "Clalit" 1-222-2700 / \*2700**

**For 24/7 doctor on call service dial 1800260660**

**Insured:**

First Name	Last Name	Passport	Birth Date	Country of Citizenship	Gender
<b>MADHURI</b>	<b>MAJUMDER</b>	<b>W5222359</b>	<b>1/03/1995</b>	<b>INDIA</b>	<b>FEMALE</b>

Email: **majumdermadhuri01@gmail.com**

Telephone No: **052 - 7984861**

**Deductible:**

The deductible that the Insured will pay, insofar as it is charged, will be according to that set by the service provider in the Policy (the HMO - Kupat Holim).



^dt33509

לצפייה בתנאי הפוליסה המלאים

קוד מסמך 33509

מספר עמוד: 1 מתוך: 6

מספר פוליסה: 585048816823



**Details of the Coverage:**

Coverage	From	To	Cost [ILS]
Basic coverage	20/08/2023	18/09/2023	370.83
Worsening of a preexisting illness	20/08/2023	18/09/2023	0.00
Pregnancy and childbirth three months waiting period	20/08/2023	18/09/2023	0.00
Medical expenses overseas	20/08/2023	18/09/2023	0.00
Medical expenses in Israel as a result of an emergency psychiatric event	20/08/2023	18/09/2023	0.00
Psychological treatments	20/08/2023	18/09/2023	0.00
Expenses of air evacuation from the location of the event in Israel to a nearby hospital	20/08/2023	18/09/2023	0.00
Emergency flight for a close relative	20/08/2023	18/09/2023	0.00
Extreme sports	20/08/2023	18/09/2023	0.00
Physical therapy	20/08/2023	18/09/2023	0.00
Medical flight	20/08/2023	18/09/2023	0.00
Contact with radioactive materials	20/08/2023	18/09/2023	0.00

The Policy covers COVID-19 in accordance with and subject to the terms of the Policy and the underwriting policy of the Company.

**Premium Calculation:**

Insurance Payment Calculation [ILS]	Basic Premium	Additional	Discounts	Total Payment
	370.83	.00	.00	370.83

**Private Charging:**

Identification of the person making the payment	Name of person making the payment	Number of payments	Card Number
4172198	CHAKRABORTY SOURAV	01	*****2845
Total to be charged	<b>Your account will be charged in NIS with the credit card.</b>		
370.83			

Despite the specified in the terms of policy, please note that in accordance with the provisions of Section 31 of the Insurance Contract Law 5741-1981, as of 25/11/2020, the statute of limitations for insurance benefit claims for disease and hospitalization insurance is five years.



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לצפייה בתנאי הפוליסה המלאים

קוד מסמך 33509

מספר עמוד: 2 מתוך: 6

מספר פוליסה: 585048816823



A Health Statement					
Passport No. W5222359	Last name MAJUMDER	First name MADHURI	Date of birth 1/03/1995	Sex Female	
Is the purpose of the trip for one or more of the travelers is to receive a medical care?				Yes	No ✓
If the answer to Question 1 is yes, we cannot accept you in the insurance.					
Section A: General Questions				Yes	No
1.	<input type="checkbox"/> Do you use, or have you been using narcotics? <input type="checkbox"/> Do you drink, or have you been drinking alcoholic beverages regularly? Please specify the quantity of consumption: ..... glasses per day.				✓
2.	During the last 5 years, have you been referred to any of the following examinations (other than as part of routine checkups) and not yet taken it, or not yet had a final diagnosis determined for you, such as: chronic illnesses, catheterization, bone mapping, echocardiography, MRI, CT, ultrasound (other than as part of routine prenatal care), biopsy, occult blood, colonoscopy or gastroscopy, autoimmune diseases including lupus (if "Yes", please submit a certificate from the attending physician, stating the reason for performing the examination, the examination outcomes and final diagnosis).				✓
3.	Are you now, or have you been sometime during the last 5 years, about to undergo a surgery/ transplantation? Please describe in details: .....				✓
4.	During the last 5 years, have you been hospitalized? Please describe in details the reason for hospitalization and the treatment that you have received.				✓
5.	During the last 5 years, have you been taking, or have you received a recommendation to take, medications regularly? Please describe in details the problem for which you are treated / have been treated, the treatment, and for how long have you been taking the said medication?				✓
6.	Have you been diagnosed as suffering from any allergies? Please describe in details: .....				✓
Part B: Have you been diagnosed with a disease, syndrome, disorder related to one or more of the issues listed below:				Yes	No
1.	<input type="checkbox"/> The nervous system <input type="checkbox"/> Cerebrovascular accident (stroke) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Muscular dystrophy or other atrophic disease <input type="checkbox"/> Reoccurring dizziness <input type="checkbox"/> Headaches <input type="checkbox"/> Balance disorders <input type="checkbox"/> Fainting <input type="checkbox"/> Parkinson's syndrome <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> Trembling <input type="checkbox"/> Mental retardation <input type="checkbox"/> Autism <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Poliomyelitis (infantile paralysis) <input type="checkbox"/> Gaucher's disease <input type="checkbox"/> Loss of sensation (numbness) <input type="checkbox"/> Attention deficit disorders <input type="checkbox"/> Migraine <input type="checkbox"/> Have you applied to a physician with complaints regarding declined memory (dementia) <input type="checkbox"/> AIDS <input type="checkbox"/> HIV carrier <input type="checkbox"/> Lupus If the answer to one or more of the questions above is "Yes", please attach an up-to-date letter from the attending neurologist.				✓
2.	Eyes and vision: <input type="checkbox"/> Cataract <input type="checkbox"/> Retina and cornea problems <input type="checkbox"/> Glaucoma <input type="checkbox"/> Inflammations of the eye <input type="checkbox"/> Strabismus <input type="checkbox"/> Blindness Other eye disease / problem: <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....				✓
3.	Heart: <input type="checkbox"/> Cardiac arrhythmias <input type="checkbox"/> Heart disease <input type="checkbox"/> Heart failure <input type="checkbox"/> Heart attack <input type="checkbox"/> Congenital heart defect <input type="checkbox"/> Catheterization <input type="checkbox"/> Heart valve diseases, other heart disease / problem: <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....				✓
4.	Blood vessels: <input type="checkbox"/> Varicose vein (in the veins of the legs) <input type="checkbox"/> Carotid artery (in the arteries of the neck) <input type="checkbox"/> Coagulation disorders <input type="checkbox"/> Blood disease DVT (Thrombosis) <input type="checkbox"/> PVD (Peripheral Vascular Disease), other vascular disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....				✓
5.	Metabolic diseases: <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Lymph node <input type="checkbox"/> Salivary gland <input type="checkbox"/> Sweat gland <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> High levels of fats/cholesterol, other metabolic disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....				✓
6.	Respiratory system: <input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> COPD (chronic obstructive pulmonary disease) <input type="checkbox"/> Hay fever <input type="checkbox"/> Recurrent respiratory infections and Shortness of breath <input type="checkbox"/> Collapsed lung (Pneumothorax) <input type="checkbox"/> Cystic Fibrosis Other respiratory system disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....				✓



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33509 קוד מספר

מספר עמוד: 3 מתוך: 6

מספר פוליסה: 585048816823





A Health Statement - continue		Yes	No
Part B: Have you been diagnosed with a disease, syndrome, disorder related to one or more of the issues listed below:			
7.	Digestive system: <input type="checkbox"/> Ulcer (duodenum / gastric) <input type="checkbox"/> Heartburn <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Colitis <input type="checkbox"/> Reflux <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Fissure / Fistula <input type="checkbox"/> Bowel obstruction <input type="checkbox"/> Pancreatic diseases / infections <input type="checkbox"/> Esophagus <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gall-bladder stones Other digestive system disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....		✓
8.	Liver: <input type="checkbox"/> Jaundice <input type="checkbox"/> Hepatitis B, C, D <input type="checkbox"/> Fatty liver <input type="checkbox"/> Cirrhosis, other digestive system disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....		✓
9.	Hernia: Location of the hernia: In the diaphragm / in the navel / in the right groin / in the left groin Have you undergone a surgery to treat the hernia? <input type="checkbox"/> No <input type="checkbox"/> Yes, when (date)? ..... Is the problem solved? <input type="checkbox"/> No <input type="checkbox"/> Yes		✓
10.	Kidney and urinary tract: <input type="checkbox"/> Recurrent infections <input type="checkbox"/> Kidney and urinary stones <input type="checkbox"/> Kidney cysts <input type="checkbox"/> Anomalies of urinary tract <input type="checkbox"/> Renal failure, other kidney and urinary tract disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....		✓
11.	Joints and bones: <input type="checkbox"/> Arthritis <input type="checkbox"/> Gout <input type="checkbox"/> Back / spine <input type="checkbox"/> Joints <input type="checkbox"/> Knees Other joints and bones disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....		✓
12.	Skin and sex diseases: <input type="checkbox"/> Skin tumors <input type="checkbox"/> Skin lesions <input type="checkbox"/> Psoriasis <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Syphilis Other skin and sex diseases disease / problem <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes" please specify: .....		✓
13.	Malignant tumors / diseases (cancer).		✓

Date Applicant's Signature : 12/07/2023

It is hereby clarified that based on the answers in the Health Declaration, you have been accepted to the insurance plan with no restrictive terms due to underwriting.



^dt33509

33509 קוד מסמך

מספר עמוד: 4 מתוך: 6

מספר פוליסה: 585048816823



Jul, 16, 2023

To Whom It May Concern:

RE: **Medical Insurance for Tourists**

We hereby confirm that the Insured whose name is listed below is insured under medical insurance in our company from 20/08/2023 To 18/09/2023, subject to the full terms of the policy.

Name of Insured: MADHURI MAJUMDER

Policy number: 585048816823

Passport number: W5222359

Clalit Medical Service Number: 74300611238

Sincerely,

Harel Insurance Company Ltd.



^dt33509

קוד מסמך 33509

מספר עמוד: 5 מתוך: 6

מספר פוליסה: 585048816823


## Travel Guard Policy - Policy Schedule



<b>Schedule Number:</b>	7101181719	<b>Date Issued:</b>	20/07/2023
<b>Insurance Plan:</b>	Travel Guard Silver	<b>Producer Code:</b>	0000122000
<b>Zone:</b>	Worldwide Excluding USA/Canada	<b>Applicant Phone No:</b>	7003283755
<b>Email id:</b>	majumdermadhuri01@gmail.com		
<b>Travel Dates:</b>	<b>From:</b> 20/08/2023 <b>To:</b> 23/09/2023	<b>Applicant Name:</b>	Ms MADHURI MAJUMDER
<b>Duration:</b>	35 days		
<b>Applicant Address:</b>	PATRA MARKET, M.M.GHOSH LANE KRISHNAGAR PO-KRISHNAGAR,NADIA, WEST BENGAL,INDIA-741101		
<b>Customer GSTIN NO:</b>			

PREMIUM		
Premium	INR	1,142.00
CGST (9%)	INR	103.00
SGST (9%)	INR	103.00
<b>TOTAL PREMIUM</b>	INR	<b>1,348.00</b>

**IMPORTANT:** Any Pre-Existing Medical condition/ Ailments declared or undeclared will be excluded from the policy. The Coverage provided is subject to the details and declaration made in the proposal to the company and attached Policy Wording.



For policy details, please scan the QR code

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (24 hrs)	\$10,000	
Accident & Sickness Medical Expense Reimbursement	\$50,000	\$100
Sickness Dental Relief	\$300	\$150
Emergency Medical Evacuation Benefit	Included*	
Repatriation of Remains	Included*	
Baggage Delay Benefit (After first 12 hrs.)	\$50	
Checked Baggage Loss Benefit (Per Item 10% and Per Bag 50% Limit)	\$500	
Loss of Passport Benefit	\$250	\$30
Personal Liability Benefit	\$1,00,000	\$200
Automatic extension of policy (upto 7 days)	Available	
Emergency cash advance	\$500	
Fraudulent Charges (Payment Card Security)	\$500	
Home Burglary (In Rs.)	Rs.1,00,000	
Trip Cancellation	\$500	\$50
Trip Curtailment	\$500	\$50
Missed Connection / Missed Departure	\$500	\$50
Bounced Hotel / Airline booking	\$500	\$50

**NOTES**

\*Included under the overall limit of Accident & sickness Medical Expenses Reimbursement. Under annual multi-trip, entry age is up to 70 years. Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible after emergency care; failure to do so may affect benefits and coverage. For details on sublimits for insured 56 years of age please see the next page of this policy schedule or refer to the policy wordings schedule of benefit Part H supplied along with this schedule.

For complete set of benefits, terms & conditons, please refer to policy wordings:  
<https://www.tataaig.com/s3/Travel Guard Policy Policy Wording 91e623b072.pdf>

# WITH YOU ALWAYS

# The benefits mentioned in this table are applicable for every single insured individually covered under this policy.

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: ASHOKE MUKHERJEE  
 Agent/Broker License Code: 117589  
 Agent/Broker Contact No: 9831015403



**Declaration:**  
 I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsoever, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsoever in respect of the insurance coverage under this policy.

Signature of the Insured /  
 Proposer: \_\_\_\_\_

Consolidated Stamp Duty has been paid to the State Exchequer

Tata AIG General Insurance Company Limited  
 Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.  
 IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATTIOP23097V032223  
[www.tataaig.com](http://www.tataaig.com) 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email:  
 customersupport@tataaig.com

## Travel Guard Policy - Policy Schedule



<b>Schedule Number:</b>	7101181719	<b>Date Issued:</b>	20/07/2023
<b>Insurance Plan:</b>	Travel Guard Silver	<b>Producer Code:</b>	0000122000
<b>Zone:</b>	Worldwide Excluding USA/Canada	<b>Applicant Phone No:</b>	7003283755
<b>Email id:</b>	majumdermadhuri01@gmail.com		
<b>Travel Dates:</b>	<b>From:</b> 20/08/2023 <b>To:</b> 23/09/2023	<b>Applicant Name:</b>	Ms MADHURI MAJUMDER
<b>Duration:</b>	35 days		
<b>Applicant Address:</b>	PATRA MARKET, M.M.GHOSH LANE KRISHNAGAR,PO-KRISHNAGAR,NADIA, WEST BENGAL,INDIA-741101		
<b>Customer GSTIN NO:</b>			

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee
1	Ms MADHURI MAJUMDER	W5222359	Female	01/03/1995	28	CHANCHAL MAJUMDER

Address for Reimbursement Claim (For Insured only)	Assistance Contact (For Insured only)	US Medical Claims (For Providers Only)
<b>Claims Department</b> Tata AIG General Insurance Company Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063. Visit our website :www.tataaig.com OR Email at customersupport@tataaig.com OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-22-9966 (Accessible from BSNL/MTNL Lines)	<b>For excluding the Americas Policies:</b> Call: +91 - 022 68227600 (Call back facility Available) Email - <a href="mailto:ea.tataclaims@europ-assistance.in">ea.tataclaims@europ-assistance.in</a> <b>For the Americas Policies:</b> Please call: +1-833-440-1575 (Tollfree within US and Canada) Email - <a href="mailto:tata.aig@europ-assistance.in">tata.aig@europ-assistance.in</a>	Plan Type: LTA Policy Certificate #: 7101181719  <b>Mail Medical Claims to:</b> Star Hub Building number 2, floor 7, Near ITC Maratha, Andheri E Mumbai - 400 059 Please call: +1-833-440-1575 (Tollfree within US and Canada) Email id - <a href="mailto:tata.aig@europ-assistance.in">tata.aig@europ-assistance.in</a>

GSTIN: 19AARCT3518Q1ZT KOLKATA  
 Service Accounting Code: 9971

**Sub-limits :**

- The following Maximum eligible expenses per Disease/illness are automatically applicable to Insured Persons aged 56 years onwards, regardless of the plan/option purchased at the inception/its subsequent renewals if applicable. Sublimits can be waived off by payment of additional premium. If waived then this will appear in Insurance Plan on Page 1. The maximum limit would be as mentioned below or upto the Sum insured whichever is lower.
- I. Hospital Room Rent, Board and Hospital misc. maximum \$1500 per day up to 30 days.
  - II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.
  - III. Surgical Treatment-Maximum USD \$10000
  - IV. Anesthetist Services-Maximum up to 25% of Surgical treatment
  - V. Physician's Visit-Maximum \$75 per day up to 10 visits.
  - VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500
  - VII. Ambulance Services-Maximum up to \$ 400.

# TATA AIG INSURANCE

# WITH YOU ALWAYS

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Authorized Signatory

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.  
 IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATTIOP23097V032223  
[www.tataaig.com](http://www.tataaig.com) 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email:  
[customersupport@tataaig.com](mailto:customersupport@tataaig.com)

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ  
...भरोसे का प्रतीक!



punjab national bank  
...the name you can BANK upon!

### Branch Details

Branch Name: KRISHNAGAR  
Branch Address: P.O. KRISHNAGAR  
City: KRI  
Pin: 741101  
IFSC Code: PUNB0021520

### Customer Details:

Customer Name: MADHURI MAJUMDER  
Customer Address: D/O CHANCHAL MAJUNDER ,M.M.GHOSH LANE,KRISHNAGAR,NADIA  
City: KRISHNAGAR(NADIA)  
Pin: 741101  
Nominee:

Statement of Account:0215XXXXXXXXX7 For Period: 01/04/2023 to 18/07/2023

Date	Instrument ID	Amount	Type	Balance	Remarks
17/07/2023		50000.00	CR	51,938.49	UPI/356562679240/P2V/chanchalmajumder3@ybl/CHANCHAL
17/07/2023		200.00	DR	1,938.49	UPI/319820300910/P2V/kushal.roy2014.kr-1@okaxis/KU
16/07/2023		17.70	DR	2,138.49	SMS CHRG FOR:01-04-2023to30-06-2023
15/07/2023		1800.00	DR	2,156.19	UPI/319631183009/P2V/8158982818@ibl/SUDDH YASHIL S
15/07/2023		2000.00	CR	3,956.19	UPI/319661029668/P2V/majumder.chanchal1@ybl/Mr CHA
15/07/2023		40.00	DR	1,956.19	UPI/356167136567/P2V/8158982818@axl/SUDDH YASHIL S
12/07/2023		375.00	DR	1,996.19	UPI/319316551651/P2M/mothershut.76054324@hdfcbank/
10/07/2023		299.00	DR	2,371.19	UPI/355636953365/P2M/AIRTELPREDIRECT2@ybl/Bharti A
09/07/2023		157.00	DR	2,670.19	UPI/355699611301/P2M/AIRTELPREDIRECT1@ybl/Bharti A
06/07/2023		500.00	DR	2,827.19	UPI/355360064441/P2V/9062264243@ybl/RATAN PARUI
05/07/2023		1000.00	CR	3,327.19	UPI/355285708678/P2V/8768128330@ybl/MONOJ IT METE
04/07/2023		2699.00	DR	2,327.19	UPI/355043059718/P2M/paytm-56505013@paytm/Flipkart
03/07/2023		620.00	DR	5,026.19	UPI/318474366123/P2V/8372846841@ybl/Miss SHRABONI
02/07/2023		550.00	DR	5,646.19	UPI/354952006866/P2V/9804205353@ybl/SWAGATA SAHA

30/06/2023		950.00	DR	6,196.19	UPI/354711540643/P2V/sukanya1092-1@axl/SUKANYA CHA
30/06/2023		2285.84	DR	7,146.19	UPI/354780219550/P2M/MYNTRA@ybl/Myntra Designs Pvt
29/06/2023		699.00	DR	9,432.03	UPI/354666353150/P2V/sukanya1092-1@axl/SUKANYA CHA
29/06/2023		899.00	DR	10,131.03	UPI/318068041863/P2V/sukanya1092-1@ibl/SUKANYA CHA
29/06/2023		100.00	DR	11,030.03	UPI/318021974911/P2V/sukanya1092-1@ibl/SUKANYA CHA
29/06/2023		969.00	DR	11,130.03	UPI/354622255523/P2V/sukanya1092-1@axl/SUKANYA CHA
28/06/2023		40.00	DR	12,099.03	UPI/354576914591/P2V/8158982818@axl/SUDDH YASHIL S
27/06/2023		1950.00	DR	12,139.03	UPI/354476275379/P2V/8478825829@ybl/AINDRI LA GUHA
26/06/2023		1394.00	DR	14,089.03	UPI/317774903953/P2M/flipkart.payu@hdfcbank/FLIPKA
25/06/2023		690.00	DR	15,483.03	UPI/354212430360/P2V/9804205353@ybl/SWAGATA SAHA
25/06/2023		2109.00	DR	16,173.03	UPI/317638126604/P2M/nykaa.cf@icici/Nykaa
23/06/2023		450.00	DR	18,282.03	UPI/354059678215/P2V/9804205353@ybl/SWAGATA SAHA
22/06/2023		1000.00	DR	18,732.03	UPI/317353983472/P2M/payumoney.education.payu@ind/
21/06/2023		55.00	DR	19,732.03	UPI/317275535213/P2V/7003647359@ybl/BHUMI KA DAS
21/06/2023		850.00	DR	19,787.03	UPI/317283833165/P2V/7003647359@ybl/BHUMI KA DAS
21/06/2023		40.00	DR	20,637.03	UPI/317208806479/P2V/8158982818@ibl/SUDDH YASHIL S
21/06/2023		3000.00	DR	20,677.03	UPI/317207909924/P2A/0975010125628@PUNB000001.if/
20/06/2023		877.00	DR	23,677.03	UPI/317159038538/P2M/flipkart.payu@hdfcbank/FLIPKA
19/06/2023		1124.00	DR	24,554.03	UPI/353677888207/P2M/BBPSPB@ybl/PhonePe
18/06/2023		925.00	DR	25,678.03	UPI/353511736573/P2M/Q463284528@ybl/SAMIR SARKAR
18/06/2023		500.00	DR	26,603.03	UPI/316994816063/P2A/11248609826@SBN000001.ifsc/
17/06/2023		604.84	CR	27,103.03	UPI/316848532671/P2A/9999999999/PhonePe
17/06/2023		157.00	DR	26,498.19	UPI/353496519186/P2M/AIRTELPREDIRECT1@ybl/Bharti A
15/06/2023		950.00	DR	26,655.19	UPI/353233206517/P2V/sukanya1092-1@axl/SUKANYA CHA
15/06/2023		1180.00	DR	27,605.19	UPI/353259203851/P2V/9804205353@ybl/SWAGATA SAHA
15/06/2023		769.00	DR	28,785.19	UPI/353219862932/P2V/sukanya1092-1@axl/SUKANYA CHA
12/06/2023		2306.00	DR	29,554.19	UPI/316337710652/P2M/RELIANCETRENDS.27240946@hdfc/
10/06/2023		157.00	DR	31,860.19	UPI/352853074978/P2M/AIRTELPREDIRECT2@ybl/Bharti A
10/06/2023		272.00	DR	32,017.19	UPI/352819508259/P2M/BILDESCHEXALL@ybl/PhonePe
10/06/2023		106.00	CR	32,289.19	0215010685917: Int.Pd:01-03-2023 to 31-05-2023
06/06/2023		424.00	DR	32,183.19	UPI/315725524553/P2M/flipkart.payu@hdfcbank/FLIPKA
03/06/2023		4231.00	CR	32,607.19	UPI/315479941073/P2V/majumder.chanchal1@ybl/Mr CHA
03/06/2023		596.00	DR	28,376.19	UPI/352064334487/P2V/7439466342@ybl/PRIYA PODDAR

03/06/2023		450.00	DR	28,972.19	UPI/352022675441/P2V/sukanya1092-1@axl/SUKANYA CHA
03/06/2023		1219.00	DR	29,422.19	UPI/315484245469/P2V/sukanya1092-1@ibl/SUKANYA CHA
02/06/2023		3410.00	DR	30,641.19	UPI/351979726472/P2M/MYNTRA@ybl/Myntra Designs Pvt
01/06/2023		885.66	DR	34,051.19	UPI/315242737042/P2M/SMARTPOINT.27210498@hdfcbank/
01/06/2023		280.00	DR	34,936.85	UPI/315245744072/P2M/BHARATPE90726962100@yesbank/
31/05/2023		579.00	DR	35,216.85	UPI/351837536439/P2M/MYNTRA@ybl/Myntra Designs Pvt
31/05/2023		353.92	DR	35,795.85	UPI/315137450381/P2M/bookmyshow.rzp@sbi/Bookmyshow
31/05/2023		955.00	DR	36,149.77	UPI/315131975976/P2V/7003647359@ybl/BHUMIKA DAS
31/05/2023		1100.00	DR	37,104.77	UPI/351720504680/P2V/9804205353@ybl/SWAGATA SAHA
30/05/2023		899.00	DR	38,204.77	UPI/315157886251/P2V/sukanya1092-1@ibl/SUKANYA CHA
30/05/2023		669.00	DR	39,103.77	UPI/315159791208/P2V/sukanya1092-1@ibl/SUKANYA CHA
29/05/2023		469.00	DR	39,772.77	UPI/314935856030/P2M/flipkart.payu@axisbank/flipka
28/05/2023		600.00	CR	40,241.77	UPI/351441425718/P2A/1058094230/Amazon India
28/05/2023		661.00	DR	39,641.77	UPI/314826427378/P2M/amazon@yapl/Amazon India
28/05/2023		600.00	DR	40,302.77	UPI/314806079104/P2M/amazon@yapl/Amazon India
27/05/2023		549.00	DR	40,902.77	UPI/351347098918/P2V/sukanya1092-1@axl/SUKANYA CHA
27/05/2023		819.00	DR	41,451.77	UPI/351309603627/P2V/sukanya1092-1@axl/SUKANYA CHA
26/05/2023		399.00	DR	42,270.77	UPI/351360018983/P2V/sukanya1092-1@axl/SUKANYA CHA
26/05/2023		1320.00	DR	42,669.77	UPI/351243103343/P2V/sukanya1092-1@axl/SUKANYA CHA
26/05/2023		1055.00	DR	43,989.77	UPI/314621411602/P2V/7003647359@ybl/BHUMIKA DAS
25/05/2023		5831.00	DR	45,044.77	UPI/314516161494/P2M/paytm-70909389@paytm/EXPRESS
25/05/2023		3289.00	DR	50,875.77	UPI/314580819060/P2M/paytm-70909389@paytm/EXPRESS
24/05/2023		380.00	DR	54,164.77	UPI/351132962880/P2V/sukanya1092-1@axl/SUKANYA CHA
24/05/2023		3500.00	CR	54,544.77	UPI/314508906404/P2V/majumder.chanchal1@ibl/Mr CHA
24/05/2023		359.00	DR	51,044.77	UPI/351118239040/P2V/sukanya1092-1@axl/SUKANYA CHA
23/05/2023		100.00	DR	51,403.77	UPI/314301818501/P2V/sukanya1092-1@ibl/SUKANYA CHA
23/05/2023		250.00	DR	51,503.77	UPI/350911057712/P2V/sukanya1092-1@axl/SUKANYA CHA
23/05/2023		2100.00	DR	51,753.77	UPI/314311459969/P2V/sukanya1092-1@ibl/SUKANYA CHA
23/05/2023		669.00	DR	53,853.77	UPI/350980631009/P2V/sukanya1092-1@axl/SUKANYA CHA
20/05/2023		450.00	DR	54,522.77	UPI/350649759395/P2V/sukanya1092-1@axl/SUKANYA CHA
19/05/2023		520.00	DR	54,972.77	UPI/350682399622/P2V/sukanya1092-1@axl/SUKANYA CHA
18/05/2023		1202.00	DR	55,492.77	UPI/350419963247/P2M/paytm-56505013@paytm/Flipkart

08/04/2023		78500.00	DR	5,632.54	UPI/309846270397/P2V/majumder.chanchal1@ybl /Mr CHA
08/04/2023		80000.00	CR	84,132.54	UPI/309890276470/P2V/chanchalmajumder3@ibl/ CHANCHA
07/04/2023		2700.00	DR	4,132.54	UPI/346315628073/P2V/8478825829@ybl/AINDRI LA GUHA
07/04/2023		1000.00	CR	6,832.54	UPI/309712709441/P2V/chanchalmajumder3@ibl/ CHANCHA
07/04/2023		1.00	CR	5,832.54	UPI/309765934520/P2V/chanchalmajumder3@ibl/ CHANCHA
07/04/2023		850.00	DR	5,831.54	UPI/346308706346/P2V/8478825829@ybl/AINDRI LA GUHA
06/04/2023		1120.00	DR	6,681.54	UPI/346262916139/P2V/sukanya1092- 1@axl/SUKANYA CHA
06/04/2023		500.00	DR	7,801.54	UPI/346227952996/P2V/7602058978@ybl/SOUMI MUKHERJE
03/04/2023		1050.00	DR	8,301.54	UPI/309362276257/P2V/sukanya1092- 1@ibl/SUKANYA CHA
03/04/2023		469.00	DR	9,351.54	UPI/309307687215/P2V/sukanya1092- 1@ibl/SUKANYA CHA

\*\*\*Generated through PNB ONE\*\*\*

- Unless constituent notifies the bank immediately of any discrepancy found by him in his statement of Account, it will be taken that he has found the account correct.
- Computer generated entries shown in the statement of account do not require any authentication / initial from the bank official. please do not accept any manual entry in your computer generated statement of account.
- Please ensure that all the cheque leaved in your custody is duly branded with your 16 digits account number.
- Customer are requested in their own interest not to issues cheques without adequate clear funds / arrangements. Such cheques can be returned without making any further reference to them.
- Please maintain minimum average balance, to avoid levy of charges.
- Please note Penal interest may be charged in loan accounts due to financial reasons such as over drawings, non receipt of install on the rates prescribed by bank from time to time and for non financial reasons like non submission of QMS forms, non adherence to terms and conditions etc.



To

The Consulate general of Israel  
3, Dr APJ Abdul KALAM Road  
New Delhi – 110011, India

**Declaration letter for Father**

I am writing this request letter on behalf of **Madhuri Majumder** (passport no. W5222359) my daughter. I would like her to send and stay with my son-in-law, **Sourav Chakraborty** (passport no. M7087870) in Israel from 20<sup>th</sup> of August, 2023 to till 31<sup>st</sup> of October 2023.

I confirm that my name is **Chanchal Majumder** (Aadhar card no. 789764927797). I am Madhuri Majumder's father and Sourav Chakraborty's father-in-law. She will be completely financed by Sourav during the whole visiting period of time. She will be staying with Sourav at his dorms in the University's campus during the whole visiting period of time.

I enclosed my Aadhar card copy here.

Name: Chanchal Majumder

Aadhar card No. 789764927797

Yours Sincerely,

*Chanchal Majumder*

Chanchal Majumder



सत्यमेव जयते

भारत सरकार  
GOVERNMENT OF INDIA



Chanchal Majumder  
Chanchal Majumder  
DOB: 15-01-1960  
Gender: Male



7897 6492 7797

आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

S/O: Narendra Nath Majumder,  
M M GHOSH LANE, PATRA  
BAZAR, Krishnagar - I,  
Krishnanagar, Krishnagar - I,  
Nadia, West Bengal, 741101

S/o: Narendra Nath Majumder, M  
M Ghosh Lane, Patra Bazar,  
Krishnagar - I, Krishnanagar,  
Krishnagar - I, Nadia, West Bengal,  
741101



1947  
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001

To

The Consulate General of Israel,  
3, Dr APJ Abdul Kalam Road  
New Delhi – 110011, India

**Declaration letter for Mother**

I am writing this request letter on behalf of **Madhuri Majumder** (passport no. W5222359) my daughter. I would like her to send and stay with my son-in-law, **Sourav Chakraborty** (passport no. M7087870) in Israel from 20<sup>th</sup> of August, 2023 to till 31st of October 2023.

I confirm that my name is **Jhumur Majumder** (Aadhar card no.861787285566 ).

I am Madhuri Majumder's mother and Sourav Chakraborty s mother-in -low. she will be completely financed by Sourav during the whole visiting period of time.

She will be visiting period o will be staying with Sourav at his dorms in the University's campus during the whole visiting period of time.

I enclosed my Aadhar card copy here.

Name: Jhumur Majumder

Aadhar card No. 861787285566

Yours Sincerely,

*Jhumur Majumder*

Jhumur Majumder



ভারত সরকার

Government of India



মাধুরী মজুমদার

Madhuri Majumder

পিতা : চঞ্চল মজুমদার

Father : Chanchal Majumder

জন্মতারিখ / DOB : 01/03/1995

মহিলা / Female



7263 1912 2949

আধার - সাধারণ মানুষের অধিকার



ভারতীয় অনন্য পরিচয় প্রাধিকরণ

Unique Identification Authority of India

ঠিকানা:

এম এম ঘোষ লেন, কৃষ্ণনগর, -  
কৃষ্ণনগর ১, কৃষ্ণনগর, নদিয়া,  
পশ্চিম বঙ্গ, 741101

Address:

M M GHOSH LANE,  
KRISHNAGAR, -  
Krishnanagar - I,  
Krishnanagar, Nadia, West  
Bengal, 741101

7263 1912 2949

1947  
1800 300 1947

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सत्यमेव जयते

Certificate No.: WB34400400010200002625-2022-188962

Date: 26-12-2022

The following is the extract of REGISTRATION OF MARRIAGE between the parties who made declaration under clause (3) of sub-rule (4) of rule 15 of the West Bengal Hindu Marriage Registration Rules 2010.

### Details of Husband

Name: SOURAV CHAKRABORTY



Father's Name: ARUN CHAKRABORTY

Mother's Name: RAMA CHAKRABORTY

Date of Birth: 14-03-1991

Aadhaar No: NA

Present Address: GARHPRATAPNAGAR WARD NO- 10, DIST-MIDNAPORE (PASCHIM), PO- GHATAL, PS- GHATAL, WEST BENGAL, INDIA, PIN- 721212

Permanent Address: GARHPRATAPNAGAR WARD NO- 10, DIST- MIDNAPORE (PASCHIM), PO- GHATAL, PS- GHATAL, WEST BENGAL, INDIA, PIN- 721212

Signature:

### Details of Wife

Name: MADHURI MAJUMDER



Father's Name: CHANCHAL MAJUMDER

Mother's Name: JHUMUR MAJUMDER

Date of Birth: 01-03-1995

Aadhaar No: NA

Present Address: KRISHNAGAR WARD NO-23, DIST- NADIA, PO- KRISHNANAGAR, PS- KRISHNANAGAR(KOTWALI), WEST BENGAL, INDIA, PIN- 741101

Permanent Address: KRISHNAGAR WARD NO-23, DIST- NADIA, PO- KRISHNANAGAR, PS- KRISHNANAGAR(KOTWALI), WEST BENGAL, INDIA, PIN- 741101

Signature:

### Hindu Marriage Registrar Details:

ID: WB34400400010200002625 NAME: KUNAL KANTI GHOSH

OFFICE ADDRESS: VILL - KONNAGAR, GHATAL, MIDNAPORE (PASCHIM), WEST BENGAL, INDIA, PIN-721212

### Social Marriage Details:

Date: 04-12-2022 Actual Place: KRISHNAGAR WARD NO-23, PS- KRISHNANAGAR(KOTWALI), PO- KRISHNANAGAR, PIN- 741101, DIST- NADIA, WEST BENGAL, INDIA

### Registration Details:

Date: 26-12-2022 Actual Place: GARHPRATAPNAGAR, PS- GHATAL, PO- GHATAL, PIN- 721212, DIST- MIDNAPORE (PASCHIM), WEST BENGAL

Registration of the marriage effect from 04-12-2022

Corresponding Application (Schedule A) Serial No.: 2022-188962 Dated: 12-12-2022

*Kunal Kanti Ghosh 26/12/2022*  
Full signature of Hindu Marriage Registrar

KUNAL KANTI GHOSH  
Hindu Marriage Registrar for  
Ghatal, Chandrakona  
Daspur & Keshpur PS & Area  
Vill. Konnagar, P.O. & P.S. - Ghata  
Dist. Paschim Medinipur  
721212 W. B. India

Issued at Kolkata, West Bengal, India under Seal of Authority on this 26 day of, December (month), 2022 (year) in

e-Authenticated

WB34400400010200002625 by OTP 63\*91\*67