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 (1st & Last Page) |
| | in Thotocopy of Thursday College College |

IMPORTANT REMARKS

101/2023

- 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.

DEG:- Housewife 14 Aug - 16 Oct Unmasoried 64 Days Single Entry INVITED BY:- NIECE

Reference Number: TEMP/18723/0005/01

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:



| revious family name | Mother's name | | Father's nar | ne | | Given n | ame | | Fai | mily name |
|------------------------|-------------------------|-------------|---------------------|----------------------|---------|-------------------|-----------|-----------|----------------|--|
| Singh | Raj Devi | // | Kaushale Pratap | | /, | Pushp | a | // | | ngh // |
| Previous nationality | Present nationa | lity | Occupation | | | Date of | birth | | Pla | ace of birth |
| ndian | Indian | | NA | | /, | 16/07/1 | 950 | | De | ehradun |
| Type Of Travel Docs | National Passnort | | | | | | | Fan | nily S | tatus |
| valid untill | Issued on | i | ssued at | | num | ber | | | Marr | ied Single |
| 03/07/2028 | 03/08/2018 | 3/06/2010 | | Z38 | 24811 | | 0 | Wido | Nidow Divorced | |
| f you hold a Laissez- | Passer issued by the | e State of | your permane | ent resider | ice, | state wh | ether yo | u Pur | pose | of entry into Israel |
| nave a return visa an | d indicate its validity | | | | | | | | t Nie | ce and family |
| 1909 F F | | permaner | nt address in I | ndia | | | | | | |
| Telephone no. | Mobile no. | Email | | Street ar | nd ho | ouse no. | City | | | Country |
| 9068207099 | 9811999033 | ps195 | 501607@gm com // | Bunjara cross roa | | se, 16 | Dehrad | un 2480 | 01 | India |
| Countries of transit | Requested duration | n of stav i | in Israel | Anticipated | dat | e plac | e of enti | y to Isra | el | Address in Israel |
| Israel | 70 | • | | 14/08/2023 | 3 | Tel | Aviv | | | 15 Hashaked Street Benei Ayish 6086000 |
| | | | | at immigra | nt M | ork) | | Dates of | nrev | ous stays in Israel |
| Category of residence | ce permit (visitor, tem | porary re | sident, reside | it,immigra | rit, vv | OIK) | | 1. | pict | oue claye mass |
| | | | | | | | | 2. | | |
| Visitor | | | | | | | | 3. | | |
| Visitor | p | articulars | of dependant | s included | in th | ne applic | cation | 3. | | |
| Visitor | p | | of dependant | | | | cation | 3. | | |
| | Place of birth | | | applicable | | | | 3. | Gi | v en name |
| Visitor Date of birth | · | Spo | ouse (Note:No | applicable | | single) Maider | | 3. | Gi | ven name |

Children above the age of 18

Children under the age of 18

Date of birth

Place of birth

Travelling With

Passport

Given name

| Travelling with | Passport | Date of birth | Place of birth | Given name | |
|-----------------|----------|---------------|----------------|------------|---|
| | | | | | 1 |

Relation/references in Israel

| Telephone No | Email | Address | Relationship | Name | T |
|--------------|--------------------|-----------------------------------|--------------|--------------------|----|
| 549521889 | manvi576@gmail.com | 15 Hashaked Street Benei Ayish | niece | Manvi Sarah Goresh | .1 |

Details of The Agency

| Agency Name | Mobile | Landli | ne No | Email | |
|--------------------------------|-----------------|--------|---------------------------------|--------------------------------|----|
| Wetell Tour & Travel People // | 9811191548 | 43026 | 184 | bhuvesh.wetell@gmail.com// | .1 |
| License No: | Type of Agency: | | Agency Address: | | |
| | Travel Agency | | 158 B, Pocket - Vihar, New Delh | IV, phase 1, Mayur i 110091 | |

Upload File/attachment

Id Proof :Adhar Card

Download File
IMG_4623_jpegadhaar Pushpa_pdf

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.

Print

Applicant's Name:

Pushpa Singh Signature

Psingh.

Date: 18/7/2023 11:46:21 AM

Place: Dehradun

COVER LETTER

The Embassy of Israel

New Delhi, India

SUBJECT: Request for a Visitor Visa to Israel

Dear Sir/Maam.

I, Pushpa Singh (passport number: Z3824811) would like to visit my niece Manvi Sarah Goresh in Israel for the first time.

I am a single lady and do not have any children of my own. Even though Manvi is my late brother's daughter, she has been like my own child since birth. She has converted to Judaism and has been living in Israel since 2009 with her husband and family. Her residence is in Bnei Ayish, 15 Shaked Street.

I will be living with them for the entire duration of my trip. The visit period is from 14th August- 16th October 2023.

I request to kindly approve my visa application, as I am 73 years old and haven't seen my nieces children for a while now.

Many thanks and Regards

Pushpa Singh

Passport: Z 3824811

Dated: 18th July 2023

Documents attached:

- 1. Passport 1st and last page
- 2. Pan card and Aadhaar copy
- 3. Return Ticket to Israel
- 4. Medical Insurance
- 5. Bank statement
- 6. Other investments
- 7. Letter of Invitation from my niece.

singh,

INVITATION LETTER

07 July 2023

To,

The Embassy of Israel in India.

To whom it may concern

This letter is a letter of invitation for my aunt, (sister of my late father Raghvendra, Pratap Singh) Pushpa Singh (passport number: Z3824811) who is coming to visit us in Israel for the first time.

I am originally Indian who converted to Judaism and have been living in Israel since 2009. I live with my husband and three young children in Bnei Ayish, 15 Shaked Street. I work as a project manager at ICL and my husband works at the Weizmann Institute.

She will live with us for her entire stay. As she is elderly without employment, all her expenses will be covered by us. The visit period will be around the months of August-October.

We request to approve her visa application, as all of us including the children have been looking forward to seeing her for many years.

I am available for any questions on 0549521889.

ID. 321433922

Thanks in advance,

Manvi Sarah Goresh.

Migh

לשגרירות ישראל בהודו,

שלום רב,

המכתב הזה הוא הזמנה לדודתי, (אחותו של אבא שלי רגוונדרה פרטאפ סינג ז"ל)

פושפה סינג (מספר דרקון : Z3824811) שבאה לבקר אותנו בישראל בפעם הראשונה.

אני הודית במקור שהתגיירה ומתגוררת בישראל מאז 2009.

אני גרה עם בעלי ושלושת ילדי הקטנים בבני עייש, רחוב השקד 15. אני עובדת כמנהלת פרויקטים בחברת כיל ובעלי עובד במכון ויצמן.

היא תגור איתנו במשך כל החופשה שלה. מכיוון שהיא קשישה ללא תעסוקה, כל הוצאותיה יכוסו על ידינו. תקופת הביקור תהיה בסביבות החודשים אוגוסט-אוקטובר.

אנו מבקשים לאשר את בקשתה לויזה, מכיוון שכולנו כולל הילדים מחכים לראות אותה מאז שנים רבות.

אני זמינה לכל שאלה 0549521889

ת.ז. 321433922

(מצורף צילום)

תודה מראש,

מנבי שרה גורש.





3 2143392 2

שינג

מנבי

סינג נשואה 1 4304141 ל 4304141 (גורש

אורון

3 2143392 2

גורש

2 2598935 9

27.06.2018 י"ד כתמוז התשע"ח המעמד: אזרחות ישראלית 3 214 3392 2

גורט

מנבי שרה פרום' קציר אפרים

9 12 חובות

7608627 28.10.2020 יי בחשון התשפ"א

3 2143392 2

גורש

אריא

3 4158284 9

נקבח

1 04.11.2016 ג׳ בחשון התשע"ז המעמד: אזרחות ישראלית

3 2143392 2

2 2894648 5

23.10.2020 ה׳ בחשון התשמ"א המעמד: אורחות ישראלית

TRAVEL INSURANCE



Datasheet - 'EXPLORE'

Date: 15 July 2023

Ms Pushpa Singh
-Banjara House
16 Cross Road, Dehradun
Dehradun
Dehradun 248001
Uttarakhand
PS19501607@GMAIL.COM

Dear Ms Pushpa Singh,

This is in reference to your above mentioned proposal no. 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

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 Total no. of Policy Period InTravel days From 14-Aug-2023 Asia Explore Asia USD 50000 SINGLE 65 To 17-Oct-2023 Details of the Insured Name Relationship Passport Date of Birth Pre-existing Gender Sum Insured Other PED Number diseases Pushpa Singh **MEMBER** 16-Jul-1950 FEMALE USD 50000 Z3824811 NONE NO

Additional Details

Has anyone been diagnosed/hospitalized or under any treatment for any illness/injury during the last 48 months

Insured I

Have you ever claimed under any travel policy?

Insured I

Nominee Details

Name of Nominee
TANUJA SINGH

Please go through the details as furnished above vis-a-vis provided in the policy certificate.

Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at customerfirst@careinsurance.com or call us at 1800-102-4488 for necessary changes/rectification. In the absence of any communication from you within 15 days of the risk inception date of the Policy, we would take it that you have accepted the contents and the coverage to be confirming to your proposal:

The details mentioned in above proposal form has been verified through OTP $\ensuremath{\mathsf{N}}$

Team Care Health Insurance

Care Health Insurance Limited





REACH US @

Self Help Portal: www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

Soft copy of the Policy Certificate, Policy Terms and Conditions, Health Card has been sent on your registered e-mail id atPS 1950 1607@GMAIL.COM. In case of any change in e-mail id and non-receipt of any of above document, please contact on our Toll Free Number 1800-200-4488 immediately.



Policy Certificate - Explore

Ms Pushpa Singh, -Banjara House, 16 Ćross Road, Dehradun, Dehradun, Dehradun 248001 Uttarakhand 05 PS19501607@GMAIL.COM



Client ID: 27697360 Date of Birth: 16-Jul-1950

Policy Details

| Policy No. | 68648402 |
|-----------------------------|---|
| Plan Name | Explore Asia |
| Sum Insured | USD 50000 |
| Policy Period - Start Date | 00:00 hrs 14-Aug-2023 |
| Policy Period - End Date | Midnight 17-Oct-2023 |
| Trip Type | Single |
| Total No. of Travel Days | 65 days |
| Geographical Scope | Asia |
| Premium Paid | Rs. 5754.00 |
| Nomines No. (D.) | (Premium Rs 4876.48 + CGST Rs 0 + IGST Rs |
| Nominee Name (Relationship) | TANUJA SINGH |

Details of Insured

| Name | Client ID | Relationship | | | |
|--------------|-----------|--------------|-----------------|---|----------------------------------|
| Pushpa Singh | | Relationship | Passport Number | Date of Birth | Peo ovieties d' |
| | 27697360 | MEMBER | Z3824811 | CONTRACTOR OF THE PARTY OF THE | Pre-existing diseases/conditions |
| | | | 23024011 | 16-Jul-1950 | NONE |

^{*}Medical/Hospitalization expenses due to COVID 19 Infection is covered if contracted during the travel as per policy terms and condition. We will not be covering any expenses incurred due to quarantine in hotel/hospital/Home or any other facility. Schedule of Benefits

| - | Name of Benefits In-Patient Care | Sum Insured | |
|--|---|--|-------------|
|) | | Up to SI | Deductibles |
| 3 | Out-patient Care Treatment | Up to SI | US \$ 100 |
| The same of the sa | Daily Allowance | US \$ 25 per day, max 5 consecutive days | US \$ 100 |
| | Up-gradation to Business Class | Up to US \$ 1,000 | 2 DAYS |
| To the state of th | Dental Treatment | Up to US \$ 300 | N.A. |
| , | Personal Accident | US \$ 15,000 | US \$ 100 |
| | Trip Cancellation | Up to US \$ 1,000 | N.A. |
| 3 | Trip Interruption | Up to US \$ 500 | N.A. |
| _ | Trip Delay | \$25 per each set of 4 h | N.A. |
| 0 | Loss of Checked-in Baggage | \$25 per each set of 4 hours delay; Up to 150 \$ Up to US \$ 500 | N.A. |
| | Delay of Checked-in Baggage | US \$ 100 | \$50 |
| 2 | Loss of Passport and/or International Driving | The state of the s | 12 HOURS |
| 3 | Licerise | US \$ 300; Max. US \$ 100 in case of loss of IDL | N.A. |
| 3 | Personal Liability | Up to US \$ 100,000 | ١٧.٨. |
| 4 | Hijack Distress Állowance | \$100 pop day for | US \$ 100 |
| 5 | Missed Flight Connection | \$100 per day for max. 5 consecutive days Up to \$300 | N.A. |
| 6 | Automatic Trip Extension | | 6 HOURS |
| / | Arrangement of Emergency Medical Evacuation | Up to 7 consecutive days | \$100 |
| U | Repair ation of Mortal Remains | Up to base SI (Part of Policy Sum Insure) | \$100 |
| 9 | I to Throaten - C | Up to US \$ 10,000 | N.A. |
| | 8 - 5 - Global dae 10 ED | Up to 10%; Max. up to \$10000 | N.A. |





BANK STATEMENTS

A/c. Ledger Inquiry

Page 1 of 2

| Universal Banking S | olution from InfosysJuly, | User 5215010 | 1 002510 1 | Menu | |
|--|---|--|-----------------------|------------------------------|----------------|
| Account Ledger Inqu | 2023 | | 1 002310 | Shortcut: | Go |
| A/c. ID A/c. Status A/c. Open Date GL Subhead Opening Bal. | 00252010024310 INR 00251 ACTIVE 16-02-2001 05100 INR 60,800.16 | A/c. St A/c. Cl A/c. Ty Availat | atus Date ose Date | 10-10-202; CUSTOME INR | 2 R ACCOUNT |
| Closing Bal. | INR 65,145.94 | Effective | e Available | Amt. INR | 65,145.94 |
| Funds in Clg. | INR 0.00 (| CR. Float Ba | ıl. | INR | 65,145.94 |
| Tran Value Instr. Date Date No. | Particulars | | lccy | | |
| 03- 03- 2023 2023 | NEFT BHAVNA SINGH | | INR | Amt. 10.00 | Amt. 70.800 |
| 06- 06- 03- 03- 2023 2023 | NEFT ICICI PRUDENTIAL | MF EQUITY DIV | INR | 2,79 | 8 22 73.598 |
| 12- 01- 03- 03- 2023 2023 | 00252010024310:Int.Pd:0 2023 | 1-12-2022 to 28-0 | 2- INR | 298 | 3.00 73.896 |
| 17- 17- 103- 03- 2023 2023 | SMS CHRG FOR:01-10-20 | 221031-12-2022 | INR | 4.13 | 73.892 |
| 31- 31- 03- 03- 2023 2023 | 00253011007043 Int 7500 TAX:750.00 | 00 and | INR | 6,750 | |
| 31- 01- 03- 04- 2023 2023 | IMPS- IN/309106433994/5261451 | 087/BHAVNA C | INR | 10.000 | 00,042 |
| 06- 06- 04- 04- 2023 2023 | NEFT ICICI PRUDENTIAL I | | INR | 3,109 | |
| 15- 15- 04- 04- 2023 2023 | SMS CHRG FOR:01-01-202 | 3to31-03-2023 | INR | 2.65 | |
| 01- 01- 05- 05- 2023 2023 | NEFT BHAVNA SINGH | | INR | | 93,748 |
| 04- 04- 05- 05- 2023 2023 | NEFT ICICI PRUDENTIAL N | IF EQUITY DIV | INR | | |
| 23- 23- | B N SINGH | | INR 75,0 | | 22 1.06.236 |
| 01- 01- | NEFT BHAVNA SINGH | | INR | 10.000 0 | 31.236 |
| 3 05- 05- | NEFT ICICI PRUDENTIAL MI | F EQUITY DIV | INR | 2,798.2 | |
| | | | / | A SECTION OF | |

Sterling Portfolio & Leasing

We help you multiply your investments 202, Neelkanth Complex 43, Rajpur Road Dehradun 248001

Ph: 0135-2714727 9837003530

PORTFOLIO RETURNS - Unrealized Holding

As on :25/07/2023

| curren | Current Asset Allocation |
|---------|--------------------------|
| DEBT: | 38 460/ |
| EQUITY: | 64 500 |

Equity 61.50%

Your Relationship Manager admin

| Investment Snapshot since Inception | (16/11/2017) |
|-------------------------------------|--------------|

BANJRA HOUSE 16 CROSS ROAD Dehradun 248001 Tel: 01352641228 Mobile No: 9358111585 Email: bnsingh76t@gmail.com

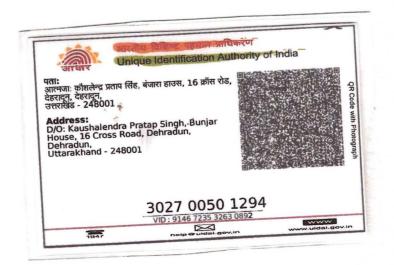
Pushpa Singh

| 1,750,000 502,916 | 502,921 | 206,502 | 1,543,493 2,229,531 686,038 |
|-------------------------------|--------------------------------|--|--|
| a. Investment b. Switch In | c. Switch Out d. Redemption | e. Dividend Payout f. Interest Accrued/ Paid | g. Net Investment (a+b-c-d-e-f) h. Market Value i. Net Gain (h-g) |

GOLD 0.34%

> Debt 38.16%









भारत सरकार GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड Permanent Account Number Card AWYPS9655F





30062019

PUSHPA SINGH

पिता का नाम/Father's Name KAUSHALENDRA PRATAP SINGH

16/07/1950



Tel: 91-20-2721 8080, Fax: 91-20-2721 8081 e-mail: timinfo@msdl.co.in

Income Tax PAN Services Unit, NSDL
4th Floor, Manut Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Punce - 411 016,

If this card is lost / someone's lost card is found, please inform / return to:

जायक में में क्यां क्यां के जायक में जायक के जायक के जाय में जायक के जायक : शंदिक रेक क्षेत्र प्रमण्ड पर क्षेत्र के डाक सर

