

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.

~~XXXXXXXXXX~~

Homemaker

16 Oct - 26 Oct

Single Entry

11 Days

① Datin
02/08/2023

Reference Number: TEMP/26723/0036/01



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
PHIZO	JWANNE	ANGAMI ZAPU	TUTTU RASINO	ANAND

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
INDIAN	INDIAN	SENIOR CITIZEN	15/01/1945	KOHIMA NAGALAND

Type Of Travel Docs : National Passport				Family Status	
valid untill	Issued on	issued at	number	<input type="checkbox"/> Married	<input type="checkbox"/> Single
07/31/2032	08/01/2022	GHAZIABAD	Z6821833	<input checked="" 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	
				TOURISM WITH GRANDCHILDREN	

permanent address in India					
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
9811090977	9811842994	serenaanand@hotmail.com	327 SECTOR 37 NOIDA 201301	GAUTAM BUDH NAGAR	INDIA

Countries of transit	Requested duration of stay in Israel	Anticipated date	place of entry to Israel	Address in Israel
	11 DAYS		TEL AVIV	14 HaPalmach Street Jerusalem 932588 Israel

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

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

Details of The Agency

Agency Name	Mobile	Landline No	Email
LYNIJM TRAVELS AND TOURS	9958150038	9958150038	lynijmtours@gmail.com
License No:	Type of Agency:	Agency Address:	
	Travel Agency	T-15/1 First Floor Khirki Extension Malviya Nagar	

Upload File/attachment

Id Proof :Adhar Card Adhar Card

Download File -

[Tuttu passport photo.pngadhaar.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.

Applicant's Name : Tuttu Rasino Signature

Date: 26/7/2023 11:45:10 PM

Place: Noida



Print

To,
The Visa Counsellor
Israel Embassy
New Delhi-110011

Sub: Request for tourist visa

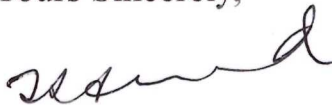
Sir/Madam,

I Mrs.Anand Tuttu Rasino would like to visit your respected country from 16th October to 26thOctober, 2023.The purpose of my visit is to take a vacation along with my daughter and grandchildren where we may explore and see the historical, cultural, religious, and picturesque attractions.

On this particular eleven days journey, I will be paying for my own flight ticket, hotel expenses and other expenditures.
Therefore please grant me a tourist visa.

With much obliged.

Yours Sincerely,



Anand Tuttu Rasino

TRAVEL ITINERARY



Oct 16 DAY1

Tel Aviv – collect hire car – drive to Jerusalem.

Oct 17 DAY2

Gnarled olive trees and colourful church of the Garden of Gethsemane or examine 6,000 years of artefacts on exhibit at the Bible Lands Museum.

A walk down Ben-Yehuda Street gives you access to the city's best shopping and cafés and the chance to enjoy creamy hummus or fragrant falafel in one of its eateries.

Alternatively, take an optional excursion (at a fee) to the Dead Sea for the chance to float on its salt-filled waters, then explore the caves at Qumran where the Dead Sea Scrolls were discovered and visit the imposing natural rock fortress at Masada, the site of the battle between the Jewish people and their Roman occupiers.

Oct 18 DAY3

Path Jesus took to his crucifixion as you walk the Via Dolorosa, a winding street that leads to the Church of the Holy Sepulchre. A visit to this church gives you access to two of Christianity's holiest sites - the hill of crucifixion and the tomb where Christ was buried and resurrected.

Oct 19 DAY4

Journey through Kidron Valley, along the route of Jesus' flight to the Mount of Olives, as you make your way to the centuries-old religious monuments of Temple Mount, including the gleaming, golden Dome of the Rock – an Islamic shrine and important pilgrimage site. Continue onward and join the pilgrims fervently praying at the Wailing (or Western) Wall before visiting the Antonia Fortress where Jesus was tried for his crimes.

Oct 20 DAY5

Next, wander the stall-lined alleyways in a spice-scented souk before walking through the sacred hallways of the UNESCO-recognised Church of Nativity in Bethlehem, where it is believed Christ was born.

Oct 21 DAY 6 – Drive to Galilee

On the way extensive archaeological ruins of Beit Shean, best known as the site where King Saul was killed by the Philistines. Explore the fascinating excavations peppered throughout the area, which include amphitheatres, bathing houses and pagan temples.

Oct 22 Day 7

A morning tour of a local kibbutz gives you a chance to witness this unique, communal style of living and learn more about the values of social equality and shared ownership that underpin these communities.

Oct 23 Day 8

Travel onward to the Sea of Galilee, home to some of Christianity and Judaism's most important sites; the area around this lake also offers rolling hills, valleys and quaint, small towns. Enjoy a full day exploring the biblical sites of this region, set against this picturesque backdrop.

Oct 24 Day 9

Sail the Sea of Galilee as you cross these waters by boat to the ruins of the former fishing village of Capernaum, once home to the apostles Simon, Peter, Andrew, James and John. Continue onward to the secluded site of the feeding of the 5,000 before visiting the Mount of the Beatitudes, where Christ gave his Sermon on the Mount. Today, the site is a tranquil garden with a Byzantine church featuring stained glass depictions of the eight beatitudes and sweeping views over the lake and countryside.

Oct 25 Day 10

Drive to Nazareth and spend a day. Nazareth Village and St Joseph's church

Oct 26 Day 11 – Drive to Tel Aviv

Risk Assumption Letter

Ref. No. : W232529347
 02-Aug-2023

Dear Customer,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred service partner.

Please find enclosed herewith your policy having policy number 4129/301058274/00/000 which has been issued based on the details furnished to us by the insured:-

Insured Name	Tuttu Rasino Anand	Policy No.	4129/301058274/00/000
Mailing Address	327, Arun vihar ,NOIDA,UTTAR PRADESH,INDIA - 201303	Period of Insurance / Trip Particulars	From : 16-Oct-2023 To : 27-Oct-2023 , Days : 12
Contact Number	88*****80 / 88*****80	Geographical Scope	EXCLUSCANADA
Email Id	di*****@gmail.com	Plan Type	SENIORCITIZENS_X_50
Nominee Name	Serena Anand	Visa Type	Non Immigrant
Insured Age	78.0	Alternative Policy No.	4129/W-171443342/00/000
Product Code / Product Name	4129 - Internationaltravel	UIN No.	ICITIOP22093V032122
DOB	15-Jan-1945	Passport No	Z6821833

Politically Exposed Person (PEP)/close relative of PEP: No

Note:

Medical expenses due to Covid-19 is covered if contracted during the travel period as per policy terms and conditions

This policy does not cover any injury/illness and complications arising out of pre-existing condition whether declared or undeclared.

Pre-existing Condition shall mean and include any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/ treatment within 48 months prior to the first policy issued by the insurer.

Important:This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate cum information sheet and confirm that same are in order. In case of any discrepancy / variation, you are requested to write back to us immediately at customersupport@icicilombard.com or contact our toll free no. 1800 2666 for necessary changes / rectifications. In the absence of any communication from you with in period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal.

Part 1 of the schedule - International Travel Insurance

Policy No.	4129/301058274/00/000	Travel Days	12
Period of Insurance	From : 16-Oct-2023 To : 27-Oct-2023	Geographical Scope	EXCLUS CANADA
GSTIN Number (Customer)	-	Invoice number	10082388816

Insured Name	Tuttu Rasino Anand	Date of Birth	15-Jan-1945
Mailing Address	327, Arun vihar ,NOIDA,UTTAR PRADESH,INDIA - 201303	Gender	female
Contact Number	88*****80 / 88*****80	Nominee Name	Serena Anand
Email Id	di*****@gmail.com	Relationship with Nominee	Daughter
Sum Insured (USD)	50000	Passport No	Z6821833
Medical Treatment History	NA	IL ID	826809260
Family Doctor Name & Address	-	Pre-Existing Disease	None-None
Servicing Branch	Mumbai	Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

Please Note: Any claim due to or arising out of pre-existing disease/ailment whether declared or undeclared is not covered under the policy

The above records details given by the insured pursuant to Clause 8(2) of the IRDA (Protection of policy holder's interest) Regulations, 2017. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non disclosure of material information

Plan Name : SENIORCITIZENS_X_50		
Benefits	Sum Insured	Deductibles
Delay of Checked-In Baggage	USD 100	6 hours
Emergency Cash Advance	USD 1000	NA
Hijack Distress Allowance	USD 125 per day for max 7 days	12 hours
Loss of Passport	USD 300	USD 50
Medical Cover(Includes Medical Evacuation cost, Sublimit applicable for age 51 yrs and above. Please refer policy wordings for details)	USD 50,000	US\$ 100 (Total amount applicable for Medical Expenses alongwith the applicable extensions under Medical Expenses)
Missed Flight Connection	USD 500	3 hours
Personal Accident	USD 2500	NA
Personal Liability	USD 100,000	5% of Actuals
Political Risk and Catastrophe Evacuation	USD 7500	NA
Repatriation of Remains	USD 7500	NA
Total Loss of Checked-In Baggage	USD 500	NA
Trip Cancellation and Interruption	USD 500	NA
Trip Delay	Upto USD 500	6 hours

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%	₹		
5483.25	18	986.98	986.98	6470

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹1 paid vide deface no. CSD6142023662 dated 20-Feb-2023 .
27AAACI7904G1ZN	997136 GENERAL INSURANCE SERVICES	

Date of Issue : 02-Aug-2023
Place of Issuance : MUMBAI

IMPORTANT: Insurance benefit shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non description or non-disclosure of any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on behalf of the beneficiary to obtain insurance benefit.

Please visit our website www.icicilombard.com for branch office address

Please refer to Part II and Part III of the policy schedule for detailed terms and conditions of the covers described above.

Claims Procedure:

In the event of an accident or sudden illness or any other claim (cashless or reimbursement) caused by a contingency covered under the insurance policy, immediately contact the helpline number stating the necessary details.

Contact the ICICI Lombard 24hr Help Line number for assistance and registering your claim:

From USA and Canada: +18448711200 (Toll Free)

From Rest of the World: +91 124 4498778 (Call back facility)

In India: 1800 102 5721 (Toll free and accessible in India (available from Mon-Fri between 9am- 6pm))

Fax: + 91 124 4006674

E-mail: icicilombard@falck.com

Website : www.falck.com

Failure to send immediate notice on the happening of a loss resulting in a claim may prejudice the insured's claim under the policy. The documents required in support of the claim shall be forwarded to the Company at the address mentioned below immediately upon return of the Insured to the Republic of India and in no case beyond a period of 30 days from the date of return of the Insured to the Republic of India.

CLAIMS DEPARTMENT
ICICI LOMBARD
C/O Falck India Pvt Ltd
Upper Floor
The Peach Tree, Block - C
Sushantlok-I, Sector 43, Gurgaon,
Haryana-122015 (India)

IMPORTANT NOTE: This certificate has to be read in conjunction with the Terms & Conditions, coverage and exclusions, which is available with ICICI Lombard. Kindly acknowledge receipt of this policy. In case you find any variation against your proposal or any discrepancy in the policy, kindly contact us immediately. You may email us at customersupport@icicilombard.com. In cases of any product related query, please call us at 1800 2666 (Toll Free and accessible in India only).

Disclaimer: Insurance is the subject matter of solicitation. Please refer to policy wordings for terms and conditions, coverage and exclusions.

ICICI Lombard General Insurance Company Limited

ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

IRDA Reg. No.115, CIN L67200MH2000PLC129408, Misc 129, www.icicilombard.com



MR.TUTTU RASINO ANAND
HNO-327 SECTOR-37

NOIDA 201301
UTTAR PRADESH INDIA

JOINT HOLDERS :

Account Branch : NOIDA SEC 41
Address : SHOP NO-8,
BLOCK-B 127,
SECTOR-41,
City : NOIDA 201303
State : UTTAR PRADESH
Phone no. : 18002026161
OD Limit : 0.00
Currency : INR
Email :
Cust ID : 30105783
Account No : 12921570001107 VIRTUAL IMPERIA
A/C Open Date : 04/03/2002
Account Status : Regular
RTGS/NEFT IFSC : HDFC0001292 MICR : 110240194
Branch Code : 1292 Product Code : 157



Nomination : SERENA ANAND

Generated On:21-JUL-2023 14:15:24

Generated By: A23759

Requesting Branch Code: 1292

From : 01/03/2023

To : 21/07/2023

Statement of account

Date	Narration	Chq./Ref.No.	Value Dt	Withdrawal Amt.	Deposit Amt.	Closing Balance
03/03/23	POS 512967XXXXXX2411 BISHAMBER SAHAI	000000000142074	03/03/23	2,000.00	0.00	159,911.54
03/03/23	POS 512967XXXXXX2411 AF CANTEEN RC	000000000417002	03/03/23	1,883.00	0.00	158,028.54
14/03/23	CASH PAID TO UMESH KUMAR - CHQ PAID - NOIDA SEC 41	000000000000044	14/03/23	35,000.00	0.00	123,028.54
20/03/23	POS 512967XXXXXX2411 BHARAT PETROLEUM	000000000050879	20/03/23	2,000.00	0.00	121,028.54
22/03/23	0060230000434-021121439	0000303228932108	22/03/23	0.00	17,092.33	138,120.87
24/03/23	TAX RECOVERY FOR TD A/C 50300220395610 : DEPOSIT NO.3 50300220395610	3304220230324882	24/03/23	495.30	0.00	137,625.57
24/03/23	MONTHLY INTEREST CREDIT 50300220395610	3304220230324782	24/03/23	0.00	4,953.00	142,578.57
31/03/23	POS 512967XXXXXX2411 U K LIFESTYLE	000000000674926	31/03/23	1,302.00	0.00	141,276.57
01/04/23	TAX RECOVERY FOR TD A/C 50300220395610 : DEPOSIT NO.3 50300220395610	000000000000000	31/03/23	141.50	0.00	141,135.07
01/04/23	CREDIT INTEREST CAPITALISED	000000000000000	31/03/23	0.00	1,087.00	142,222.07
07/04/23	POS 512967XXXXXX2411 GLOBAL PETRO IOC	000000000939581	07/04/23	2,000.00	0.00	140,222.07
18/04/23	POS 512967XXXXXX2411 BHARDWAJ WELLNES	000000000513661	18/04/23	1,646.00	0.00	138,576.07
21/04/23	POS 512967XXXXXX2411 ADITYA BIRLA FAS	000000000004631	21/04/23	5,792.10	0.00	132,783.97
22/04/23	0060230000434-021564684	0000304228275839	22/04/23	0.00	17,092.33	149,876.30
24/04/23	MONTHLY INTEREST CREDIT 50300220395610	3304220230424764	24/04/23	0.00	5,483.00	155,359.30
02/05/23	CHQ PAID-TRANSFER IN-GOD TV FOUNDATION	000000000000045	02/05/23	6,000.00	0.00	149,359.30
16/05/23	CHQ PAID-TRANSFER IN-GOD TV FOUNDATION	000000000000046	16/05/23	3,000.00	0.00	146,359.30
22/05/23	0060230000434-022057999	0000305229412114	22/05/23	0.00	17,092.33	163,451.63
24/05/23	MONTHLY INTEREST CREDIT 50300220395610	3304220230524781	24/05/23	0.00	5,306.00	168,757.63
22/06/23	0060230000434-022478407	0000306225231093	22/06/23	0.00	17,092.33	185,849.96
24/06/23	MONTHLY INTEREST CREDIT 50300220395610	3304220230624760	24/06/23	0.00	5,483.00	191,332.96
26/06/23	CHQ PAID-TRANSFER IN-GOD TV FOUNDATION	000000000000047	26/06/23	3,000.00	0.00	188,332.96
01/07/23	CREDIT INTEREST CAPITALISED	000000000000000	30/06/23	0.00	1,181.00	189,513.96
13/07/23	POS 512967XXXXXX2411 BHARAT PETROLEUM	000000000035156	13/07/23	2,000.00	0.00	187,513.96
14/07/23	POS 512967XXXXXX2411 SUPER STORE 37	000000000001251	14/07/23	427.00	0.00	187,086.96

STATEMENT SUMMARY :-

Opening Balance

Dr Count

Cr Count

Debits

Credits

Closing Bal

HDFC BANK LIMITED

*Closing balance includes funds earmarked for hold and uncleared funds

Contents of this statement will be considered correct if no error is reported within 30 days of receipt of statement. The address on this statement is that on record with the Bank as at the day of requesting this statement.

State account branch GSTIN:09AAACH2702H1ZY

HDFC Bank GSTIN number details are available at <https://www.hdfcbank.com/personal/making-payments/online-tax-payment/goods-and-service-tax>.

Registered Office Address: HDFC Bank House, Senapati Bapat Marg, Lower Parel, Mumbai 400013



We understand your world

MR.TUTTU RASINO ANAND
HNO-327 SECTOR-37

NOIDA 201301
UTTAR PRADESH INDIA

JOINT HOLDERS :

Nomination : SERENA ANAND

Generated On:21-JUL-2023 14:15:24

Generated By: A23759

From : 01/03/2023

To : 21/07/2023

Requesting Branch Code: 1292

Statement of account

161,911.54

15

10

66,686.90

91,862.32

187,086.96

This is a computer generated statement and does not require signature.



HDFC BANK LIMITED

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Registered Office Address: HDFC Bank House, Senapati Bapat Marg, Lower Parel, Mumbai 400013

 भारत सरकार
GOVERNMENT OF INDIA



टूतू रसीनो आनन्द
Tuttu Rasino Anand
जन्म तिथि/ DOB: 15/01/1945
महिला / FEMALE



2794 7076 4938

आधार-आम आदमी का अधिकार

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
अर्धांगिनी: सोम प्रकाश .
आनन्द, 327, अरुन विहार,
सेक्टर - 37, नोएडा सेक्टर -
३७, गौतमबुद्ध नगर,
उत्तर प्रदेश - 201303

Address:
W/O: Som Prakash Anand, 327, Arun
vihar, Sector - 37, Noida Sector 37,
Gautam Buddha Nagar,
Uttar Pradesh - 201303

2794 7076 4938

Aadhaar-Aam Admi ka Adhikar