7/15/2021

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

Reference Number: TEMP/15721/0004/01

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



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

Application for entry visa to Israel

Instructions for completing application form:

- 1. Please attach a recent photograph 5.5 x 5.5 cm.
- 2. If application is not for the purpose of visit, spcify 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
	NIRMALA BANIYA	SURESH BANIYA	BALIKA	BANIYA

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
INDIA		WORK AS A LOWER PRIMARY TEACHER	04/01/1994	KANGLATONGBI MANDIR,MANIPUR

	Docs : National Passpo	ort		Family Status
valid untill	Issued on	issued at	number	Married Single
03/09/2031	03/10/2021	GUWAHATI	U9290599	10000
lf you hold a Lai state whether yo	ssez-Passer issued by ou have a return visa ar	the State of your p nd indicate its valid	orme en eust	Widow Divorced Purpose of entry into Israel
		and the second states of	and an and the second second second	WORK

	p	ermanent address i	n India		
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
9863128415	9612883173	mailtobalika199 4@gmail.com	KANGLATONGBI MANDIR PO- KANGLATONGBI, IMPHAL WEST PIN-795136, MANIPUR, INDIA	MANIPUR	INDIA

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

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

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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
01/26/1990	KANGLATONGBI, MANIPUR	MIN BAHADUR THAPA	PANKAJ	ТНАРА
Family name	Trave	elling with	Passport	
THAPA			U3027772	

Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name	
		01/28/2018	RIMS HOSPITAL IMPHAL	KAIRA THAPA	1

Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	T
10		01/28/2018	RIMS HOSPITAL IMPHAL	KAIRA THAPA	1

Relation/references in Israel

Telephone No	Email	Address	Relationship	Name	٦

Details of The Agency

Agency Name	Mobile	Lan	dline No	Email	Τ
AVIVA INTERNATIONAL	9892832227	266	52035	avivainternationa 12006@gmail.com	.1
License No:	Type of Agency:		Agency Addr	ess:	
Regd NO B- 0713/MUM/PER/1000	Recruitment Agency		MATHURDAS CO	NAVDEEP BUILDING,NEAR DLONY ST. ANTHONY STREET ACRUZ(E) MUMBAI-4000	

Upload File/attachment

Id Proof :VoterId	
Download File -	
BALIKA PHOTO.jpg	

Declaration

I declare that the particulars contained in this application are correct and have been made in awareness of the fact that they are to serve as basis for the consideration of my application. I also declare that I have not committed any criminal offence or any act directed against the Jewish people or the security of the state of Israel and that I am not affected with any illness which might endanger public health. There is no judicial warrant against me and I am not wanted by the police of any country. I hereby declare that I have not been issued with a restraining order. Furthermore, I have not been denied entry into Israel. I am aware that if a preventive order of this kind has been issued against me, I will be denied entry into Israel, and will be sent back to my country of origin. I am also aware that the receipt of a visa does not in any

way invalidate of Israel, if it b		el.israelvisa.in/online/rptOnlineVisaForm.aspx f the Interior to deny my entry into the te issued on the basis of false information.	erritory of the State
Applicant's Name :	BALIKA BANIYA Signature Balila Baniya	Date: 7/15/2021 12:25:03 PM	Place: NEW DELHI
	0	Print	

2021



