

भारत गणराज्य REPUBLIC OF INDIA



Diwash Shahi

टाईप / Type P

राष्ट्र कोड / Country Code IND

पासपोर्ट नं./ Passport No.

उपनाम / Surname

SHAHI

R9702420

दिया गया नाम / Given Name(s)

DIWASH

राष्ट्रीयता / Nationality

लिंग / Sex

जन्मतिथि / Date of Birth

भारतीय/INDIAN

10/11/1985

जन्म स्थान / Place of Birth

LOWER KALAPAHAR, MANIPUR

जारी करने का स्थान / Place of Issue

GUWAHATI

जारी करने की तिथि / Date of Issue समाध्य की तिथि / Date of Expiry

28/06/2028

P<INDSHAHI<<DIWASH<<<<<<<<<< R9702420<7IND8511102M2806284<<<<<<<<

2	
NOITAVR32880 \ ffvpuSi	The second secon
विविध सेवा/ MISCELLANEOUS SERVICE	
विविध सेवा/MISCELLANEOUS SERVICE	
पिता / कानूनी.अभिभावक का नाम / Name of Father / Legal Guardian	
पिता / कानूनी.अभिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI R9702420 माता का नाम / Name of Mother	
पिता / कानूनी.अभिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI माता का नाम / Name of Mother REKHA SHAHI पवि या पत्नी का नाम / Name of Spouse	
पिता / कानूनी.अभिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI R9702420 माता का नाम / Name of Mother REKHA SHAHI पति या पत्नी का नाम / Name of Spouse SMITA CHHETRI पता / Address	
पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI R9702420 माता का नाम / Name of Mother REKHA SHAHI पति या परनी का नाम / Name of Spouse SMITA CHHETRI पता / Address LOWER KALAPAHAR	
पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI R9702420 माता का नाम / Name of Mother REKHA SHAHI पति या पत्नी का नाम / Name of Spouse SMITA CHHETRI पता / Address LOWER KALAPAHAR	
पिता / कानुनी.अभिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI माता का नाम / Name of Mother REKHA SHAHI पति या पत्नी का नाम / Name of Spouse SMITA CHHETRI पता / Address LOWER KALAPAHAR PO- KALAPAHAR, SENAPATI PIN: 795122, MANIPUR, INDIA	
पिता / कानूनी.असिभावक का नाम / Name of Father / Legal Guardian JEEVAN SHAHI स्वता का नाम / Name of Mother REKHA SHAHI पति या पत्नी का नाम / Name of Spouse SMITA CHHETRI पता / Address	

State of Israel Ministry of Interior Embassy of Israel, New Delhi



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

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
	REKHA SHAHI	JEEVAN SHAHI	DIWASH	SHAHI
Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
The state of the s	1000Ht Hatioriality	Occupation	Date of birtin	Place of birth
INDIAN	NDIAN	DEPARTMENT STORE	11/10/1985	MANIPUR
INDIAN I		DEPARTMENT STORE		MANIPUR Family Status

Type Of Travel I	Docs : National Pass	oort		Family Status
valid untill	Issued on	issued at	number	Married Single
06/28/2028	06/29/2018	GUWAHATI	R9702420	Widow Divorced
If you hold a Lai state whether yo	ssez-Passer issued b ou have a return visa	by the State of your p and indicate its valid	ermanent residence	Purpose of entry into Israel
				WORK

	p	ermanent address in	n India		
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
9612709573	9612709573	shahidiwash1011 @gmail.com	LOWER KALAPAHAR PO- KALAPAHAR	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,immigrant, work)	Dates of previous stays in Israel
	1.
WORK	2.
and the second s	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
10/12/1985	PRADHAN NAGAR WEST BENGAL	GANGA BAHADUR CHETRI		SMITA
Family name	1	Travelling with	Passport	
CHHETRI		, see-	S4891611	

Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name	
		02/07/2019	MANIPUR	RIDIMA SHAHI	1

Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	
		02/07/2019	MANIPUR	RIDIMA SHAHI	1

Relation/references in Israel

Telephone No Email	Address	Relationship	Name	
			1.1.1.10	. 1

Details of The Agency

Agency Name	Mobile		Landline No	Email
AVIVA INTERNATIONAL	9892832227		26652035	avivainternationa 12006@gmail.com .1
License No:	Type of Agency: -		Agency Address:	
Regd No B- 0713/MUM/PER/1000	Recryitment Agency +757740372008	V		EP BUILDING NEAR / ST ANTHONY STREET Z (E) MUMBAI 40009

Upload File/attachment

ld Proof :VoterId	
Download File -	
Diwash full size 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 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:

DIWASH SHAHI Signature

Date: 8/25/2021 9:45:25

Place: NEW DELHI

Diwash Shahi Print