

Reference Number: TEMP/02821/0006/01

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



מדינת ישראל
משרד הפנים
שגרירות ישראל בניו דלהי

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
	LATE AMBIKA DEVI	LATE JAI PRASAD KHAREL	LAXMAN	KHAREL

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
INDIAN	INDIAN	WORKED AS A CLERK CUM	03/01/1975	CHARHAJARE MANIPUR

Type Of Travel Docs : National Passport				Family Status
valid untill	Issued on	issued at	number	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single
06/05/2028	06/06/2018	GUWAHATI	R9694355	<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
				WORK

permanent address in India

Telephone no.	Mobile no.	Email	Street and house no.	City	Country
8787898957	8730062319	laxmankhare127@gmail.com	CHARHAJARE,PO-MOTBUNG SENAPATI DISTRICT MANIPUR 795107	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
WORK	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
02/10/1981	GUWAHATI	RAM PRASAD GHIMIRE		PABITRA GHIMIRE
Family name		Travelling with	Passport	
GHIMIRE		<input type="checkbox"/>	S1290758	

Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>		05/25/2005	MANIPUR	ANUJ KHAREL	1

Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>		05/25/2005	MANIPUR	ANUJ KHAREL	1

Relation/references in Israel

Telephone No	Email	Address	Relationship	Name	
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Details of The Agency

Agency Name	Mobile	Landline No	Email	
AVIVA INTERNATIONAL	9892832227	26652035	avivainternationa12006@gmail.com	.1
License No:	Type of Agency:	Agency Address:		
Regd No B-0713/MUM/PER/1000	Recruitment Agency 75/7403/2008	SHOP NO 3 NAVDEEP BUILDING NEAR MATHURDAS COLONY ST ANTHONY STREET KALINA SANTACRUZ (E) MUMBAI 40009		

Upload File/attachment

Id Proof :VoterId
Download File - laxman img.jpg

Declaration

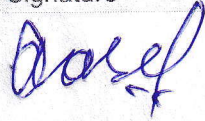
I declare that the particulars contained in this application are correct and have been made in awareness of the fact that they are to serve as basis for the consideration of my application. I also declare that I have not committed any criminal offence or any act directed against the Jewish people or 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

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 :

LAXMAN KHAREL

Signature



Date: 8/2/2021 1:25:59
PM

Place: NEW
DELHI

Print

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Blank lined area for text entry.



विश्व सेवा / MISCELLANEOUS SERVICE

पिता / कायूनी अभिभावक का नाम / Name of Father / Legal Guardian
JAI PRASAD KHAREL



माता का नाम / Name of Mother
AMBIKA DEVI

पति या पत्नी का नाम / Name of Spouse
PABITRA GHIMIRE

पता / Address
CHARHAJARE

PO-MOTBUNG, SENAPATI

PIN: 795107, MANIPUR, 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.
GU4062404411018