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	ਸਥ / Name of Father / Legal Guardian	8506
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LAXMAN THAPA भावा का नाम / Name of Moth PUKALI THAPA पवि वा पत्नी का नाम / Name of पता / Address KHAKRE IRANG PO-T WAICHONG	PART-II SENAPATI	8506 8506 sace of Issue
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LAXMAN THAPA मावा का नाम / Name of Moth PUKALI THAPA पति वा पत्नी का नाम / Name of पता / Address KHAKRE IRANG PO-T WAICHONG PIN: 795112, MA पुराने पासपोर्ट का नं. और इसके फाईल नं. / File No.	PART-II , SENAPATI NIPUR , INDIA जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Pi	8506

Reference Number: TEMP/021221/0003/01

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



מדינת ישראל <u>משרד הפנים</u> 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, 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	
Previous family frame	PUKALI THAPA	LAXMAN THAPA	SUSHMA	THAPA	
C U.	Dragont nationality	Occupation	Date of birth	Place of birth	
Previous nationality	Present nationality	WORK AS A FOR \$	03/19/1993	MANIPUR	

	N. CI Deser	net I		Family Status
	ocs : National Passp	issued at	number	Married Single
/alid untill	Issued on		N6858506	Widow Divorced
01/28/2026	01/29/2016	GUWAHATI		0,000,000
f you hold a Lai	Israel			
state whether yo	ou have a return visa	and indicate to valid		WORK

	pe	ermanent address in	ni iliuiu	1	
Telephone no.	Mobile no.	[Fmail	Street and house no.	City	Country
			KHAKRE IRANG PART - II PO-T		
8377955651	8131009933	thapasush993@gm ail.com	SENAPATI PIN;	MANIPUR	INDIA
		795112 , MANIPUR , INDIA			

	Countries of transit	Requested duration of stay in Israel	Anticipated date	place of entry to Israel	Address in Israel
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Category of residence permit (visitor, temporary resident,	Dates of Israel	of previous stays in	
resident,immigrant, work)	1.		
	2.		
WORK	3.	S .	£-2

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	Tra	avelling with	Passport	

Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name	
Travelling vvici	radoport				1

Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	
inavening war					1

Relation/references in Israel

	The second secon			T	
Telephone No	Email	Address	Relationship	Name	

Details of The Agency

Agency Name	Mobile	Lai	ndline No	Email	
AVIVA INTERNATIONAL	9892832227	260	652035	avivainternationa 12006@gmail.com	.1
License No:	Type of Agency:		Agency Addre	ess:	
Regd NO B- 0713/MUM/PER/1000		٧	MATHURDAS CO	AVDEEP BUILDING, NEAR DLONY ST. ANTHONY STREET DCRUZ(E) MUMBAI-4000	

Upload File/attachment

ld Proof :VoterId			
Download File -			
SUSHMA THAPA.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

12/2/21, 12:00 PM

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

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:

SUSHMA THAPA Signature Lustma Thapa

Date: 12/2/2021 11:59:55 Place: NEW DELHI

Print