

Reference Number: TEMP/141221/0001/01

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
	MARIYAMMA NALLI	PARDHASARADHI NALLI	SEETHA	NALLI

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
INDIA	INDIA	WORK AS A STAFF NURSE	07/25/1988	ANDHRA PRADESH

Type Of Travel Docs : National Passport				Family Status	
valid untill	Issued on	issued at	number	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	
12/04/2027	12/05/2018	VISAKHAPATNAM	S6412453	<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
8247837910	9515268298	seetha9515@gmail.com	D NO 1-12 NEAR USA KALUVA GATTU DINDI (V) MALIKIPURAM (M) EAST GODAVARI PIN ; 533253 , ANDHRA PRADES	ANDHRA PRADESH	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
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	1
<input type="checkbox"/>					

Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	1
<input type="checkbox"/>					

Relation/references in Israel

Telephone No	Email	Address	Relationship	Name	

Details of The Agency

Agency Name	Mobile	Landline No	Email	1
AVIVA INTERNATIONAL	9892832227	26652035	avivainternational12006@gmail.com	
License No:	Type of Agency:	Agency Address:		
Regd NO B-0713/MUM/PER/1000	Recruitment Agency +917577403/2008	SHOP NO. 3 NAVDEEP BUILDING, NEAR MATHURDAS COLONY ST. ANTHONY STREET KALINA SANTACRUZ(E) MUMBAI-4000		

Upload File/attachment

Id Proof :VoterId

Download File -
SEETHA NALLI.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 :

SEETHA NALLI

Signature

N. Seetha

Date: 12/14/2021 11:27:36
AM

Place: NEW
DELHI

Print