

Reference Number: TEMP/17721/0001/01

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
	ANNAMMA JOSEPH	JOSEPH CHENNATTIL	MINIMOL	TOMY

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
INDIA	INDIA	NURSE	04/10/1973	PAYYAVOOR, KERALA

Type Of Travel Docs : National Passport				Family Status
valid until	Issued on	issued at	number	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single
07/25/2028	07/26/2018	GHAZIABAD	S5466704	<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
9953105543	9654210541	mailtominimol1973@gmail.com	PLOT NO. 988/ G-2, SHALIMAR GARDEN EXTN-1 SAHIBABAD, GHAZIABAD, PIN-201005, UTTAR PRADHESH , INDIA	UTTAR 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
05/21/1968	KUTHUPARAMBA, KERALA	THOMAS MUTHUPARAMBIL	TOMY	THOMAS
Family name		Travelling with	Passport	
THOMAS		<input type="checkbox"/>	K4398389	

Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>		08/28/2003	PAYYAVOOR	ANGEL MARIA TOMY	1

Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>		08/28/2003	PAYYAVOOR	ANGEL MARIA TOMY	1

Relation/references in Israel

Telephone No	Email	Address	Relationship	Name

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	Recruitment Agency +917403/2008	SHOP NO. 3 NAVDEEP BUILDING, NEAR MATHURDAS COLONY ST. ANTHONY STREET KALINA SANTACRUZ(E) MUMBAI-4000		

Upload File/attachment

Id Proof :VoterId
Download File - Minimol 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 :

MINIMOL TOMY

Signature

Date: 7/17/2021 11:32:32
AM

Place: NEW
DELHI

Minimol

Print

38

Blank lined area for handwritten information.

विद्युत सेवा / MISCELLANEOUS SERVICE

पिता / कानूनी अभिरक्षक का नाम / Name of Father / Legal Guardian

JOSEPH CHENNATTIL



S5466704

माता का नाम / Name of Mother
ANNAMMA JOSEPH

पति या पत्नी का नाम / Name of Spouse
TOMY

पता / Address
PLOT NO. 988 / G-2, SHALIMAR GARDEN EXTN-1

SAHIBABAD, GHAZIABAD

PIN: 201005, UTTAR PRADESH, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue
F2830904 27/11/2006 RIYADH

फाइल नं. / File No.
GZ1072269582818