



מדינת ישראל  
רשות האוכלוסין וההגירה  
State of Israel  
Population and Immigration Authority



קורות חיים להזמנת עובר זר בסייעוד  
Bio Data For Care Giver B'1 Visa

| First Name              | Family name | Marital Status | Previous Family name (Before marriage) |
|-------------------------|-------------|----------------|--|
| CHAMILA SHANTHINI SILVA | MUNASINHA   | SINGLE         | NO                                     |

| Passport Number | Issued Date | Valid Until | Date of Birth | Height | Weight | Gender |
|-----------------|-------------|-------------|---------------|--------|--------|--------|
| N 8 5 9 9 7 2 1 | 14/11/2019  | 14/11/2029  | 10/11/1976    | 160 cm | 65 kg  | FEMALE |

| Address in Country of Origin                              | Tel/Cell Phone in Country of Origin | Country of Birth | Nationalities |
|---|-------------------------------------|------------------|---------------|
| NO.270, YOGASHSHRAMA ROAD, WALGAMA, WALMILLA, BANDARAGAMA | 009477-9709408                      | SRI LANKA        | SRI LANKAN    |

| Family Members |                           |             |               |                 |
|----------------|---------------------------|-------------|---------------|-----------------|
|                | First Name                | Family Name | Date of Birth | Passport Number |
| Father         | DARMADASA SILVA           | MUNASINHA   | 04/08/1951    | NO              |
| Mother         | YASAWATHI                 | GUNAMUNIGE  | 10/11/1951    | NO              |
| Spouse         |                           |             |               |                 |
| Children       |                           |             |               |                 |
| Children       |                           |             |               |                 |
| Children       |                           |             |               |                 |
| Sister/Brother | RUWAN PRASAD INDIKA SILVA | MUNASINHA   | 23/04/1980    | N85509107       |
| Sister/Brother |                           |             |               |                 |
| Sister/Brother |                           |             |               |                 |
| Sister/Brother |                           |             |               |                 |
| Sister/Brother |                           |             |               |                 |

Spoken Languages

|           | English | Hebrew | Arabic | Russian | Romanian | Other | Other   |
|-----------|---------|--------|--------|---------|----------|-------|---------|
| Basic     |         | YES    |        |         |          |       |         |
| Good      | YES     |        |        |         |          |       |         |
| Very Good |         |        | YES    |         |          |       | SINHALA |



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| Relevant Caregiving / Nursing Work Experience (In All Countries) |      |            |              |
|--|------|------------|--------------|
| From   | To   | Occupation | State        |
| 2002   | 2005 | HOUSEMAID  | SAUDI ARABIA |
| 2006   | 2009 | CARETAKER  | JORDAN       |
| 2009   | 2015 | HOUSEMAID  | SAUDI ARABIA |
| 2015   | 2019 | CARETAKER  | KUWAIT       |
|  |      |            |              |

|                 |     |      |
|-----------------|-----|------|
| Driving License | YES | NO v |
| Smoking         | YES | NO v |

**Declaration of Applicant for B1 Visa**

I MUNASINHA CHAMILA SHANTHINI SILVA passport number N8599721 issued by Sri Lankan hereby request a visa to work in Israel as a caregiver for a person with disabilities and hereby declare (please check all the relevant boxes below):

I have previously been in Israel for the following time periods:

| From Date | To Date |
|-----------|---------|
|           |         |
|           |         |

I have never previously been in Israel.

I have never been denied entrance to Israel.

I was refused entry to Israel on the following dates: \_\_\_\_\_.

The following of my first degree family members are currently in Israel:

| Relation | Name | Family names | Passport |
|----------|------|--------------|----------|
| Father   |      |              |          |
| Mother   |      |              |          |
| Spouse   |      |              |          |
| Sisters  |      |              |          |
| Brothers |      |              |          |
| Child    |      |              |          |

I have no family members currently in Israel and I am fully aware that if this declaration is false, I will be liable for deportation from Israel and my work visa will not be extended after a hearing. any of my first degree family members are currently in Israel they/me would have to leave Israel before extension of my stay and my work permit B'1 Israel is submitted in accordance with the procedures the Authority.

Picture of Applicant





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**Additional Declaration:**

I the undersigned, MUNASINHA CHAMILA SHANTHINI SILVA passport number N8599721 hereby declare the following:

I have completed a course recognized by my country for caregiving for the disabled.

I am completely healthy and do not suffer from any physical or mental diseases or conditions

If I am issued a visa to work in Israel, I will abide by all the Israeli laws and procedures and am aware that if I do not do so I will be liable for deportation from Israel. I will inform the Israel Population Immigration and Border Authority through my Israeli Recruitment Agency of any change in my personal status (marriage/divorce/name change) within 30 days of such change.

All the above information contained in my application has been explained to me in a language I understand and is true and I am aware that if it is found that I have provided false information I will be liable for deportation from Israel.

I the undersigned affirm that after reading the above/after the Agency representative explained all the above to me in my language, all the information set out above is true and is given by me in the framework of my application for a visa to work in Israel as a caregiver:

*Chamila Shanthini*

03/03/2021

Date

I the undersigned, Ranasinghe Arachchige Rita Kanthi as license and managing director of R & R foreign employment agency, acting as authorized representative of registered Agency R & R foreign employment agency Registration No. 2639 affirm that the above information is true and that the Applicant signed this application after reading the above/after I translated the above into a language he understands.

*Rita Kanthi*

03/03/2021

Agency Signature

Date

**R. A. R. KANTHI RANASINGHE**  
(Proprietor & Licensee)  
R & R FOREIGN EMPLOYMENT AGENCY  
No. 14, 2/1, Station Road, Negombo.  
**SLBFE No.2639**  
Tel. 031 2235112 / 077 8197696 / 077 8197695  
email: rita.ranasinghe6608@gmail.com