

Reference Number: TEMP/071021/0006/01

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

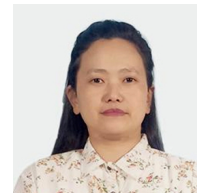


מדינת ישראל  
משרד הפנים  
שגרירות ישראל בניו דלהי

### 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
	MANKUMARI LIMBU	DHOJBIR LIMBU	RUBINA LIMBU	RAI

Previous nationality	Present nationality	Occupation	Date of birth	Place of birth
INDIAN	INDIAN	TEACHER	07/13/1990	DARJEELING WEST BENGAL

Type Of Travel Docs : National Passport				Family Status
valid untill	Issued on	issued at	number	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single
08/16/2030	08/17/2020	KOLKATA	U5062783	<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
8132073948	8132073948	mailtorubinalimbu@gmail.com	PLUNGDUNG TEA ESTATE , CHEW GAON DARJEELING PIN CODE- 734221	WEST BENGAL	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
11/15/1984	PLUNGDUNG TE WEST BENGAL	PADAM RAI		SACHIN RAI
Family name		Travelling with		Passport
RAI		<input type="checkbox"/>		U9777830

Children under the age of 18
------------------------------

Travelling With	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>		03/15/2010	WEST BENGAL	SAURAB RAI	1

Children above the age of 18
------------------------------

Travelling with	Passport	Date of birth	Place of birth	Given name	
<input type="checkbox"/>		03/15/2010	WEST BENGAL	SAURAB RAI	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 +917577403/2008	SHOP NO 3 NAVDEEP BUILDING NEAR MATHURDAS COLONY ST ANTHONY STREET KALINA SANTACRUZ (E) MUMBAI 40009		

Upload File/attachment
------------------------

Id Proof :VoterId
Download File - <a href="#">New Picture (4).png</a>

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 :

RUBINA LIMBU RAI

Signature

Date: 10/7/2021 2:45:19  
PM

Place: NEW  
DELHI

Print





U5062783

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

**DHOJBIR LIMBU**

माता का नाम / Name of Mother

**MANKUMARI LIMBU**

पति या पत्नी का नाम / Name of Spouse

**SACHIN RAI**

पता / Address

**PLUNGDUNG TEA ESTATE, CHEW GAON**

**DARJEELING, DARJEELING**

**PIN: 734221, WEST BENGAL, 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.

**CA3062879254120**