Reference Number: TEMP/15321/0010/01

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



## 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	e Mother's name	Father's name	Given name	Family name
	KEMUNA THAKURI	JASH BAHADUR THAKURI	YOJANA	THAKURI
			TOSANA	

revious nationality	Present nationality	Occupation		Date of birth	Place of birth	
INDIA	INDIA	WORK AS A CAREGIVER IN	*	08/09/1995	WASHABARI TG WEST BENGAL	

valid untill	Docs : National Passp	100000		Family Status
	Issued on	issued at	number	Married Single
08/17/2026	08/18/2016	KOLKATA	P2559714	3.0
If you hold a Lai	Widow Divorce			
state whether yo	ou have a return visa a	and indicate its valid	permanent residence, dity	Purpose of entry into Israel

	p	ermanent address i	n India		
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
9871478148	7063880238	mailtoyojana95@gmail.com	WASHABARI TG, PO- BAGRAKOT, JALPAIGURI, PIN-734501, WEST BENGAL, INDIA	WEST BENGAL	INDIA

Countries of transit	Requested duration of stay in Israel	Anticipated date	place of entry to Israel	Address in

Category of residence permit (visitor, temporary resident, resident, immigrant, work)  WORK	Dates of previous stays in Israel
/del.israelvisa.in/online/rptOnlineVisaForm.aspx	1.

2021		https://del.israe	elvisa.in/onlin	e/rptOnlineVisaForm			
			Lug Carra	109 5	2. 3.		
	particular	s of dependan	ts include	d in the applic	ation		
	Sp	ouse (Note:No	t applicab	le for single)			
Date of birth	Place of birth	Father's	name	Maiden na	me	Given name	
Family name		Travelling with		Pas	sport		
	-1						
		Children und	der the ag	e of 18			
Travelling With	Passport	Date of bir	th	Place of birth		Given name	
0							1
Travelling with	Passport	Date of bir	th	Place of birth		Given name	
Ш		Relation/ref	erences in	Israel			
							_
Telephone No Em	ail Addı	ress	Relation	onship		Name	
		Details o	of The Age	ency	ts.		
Agency Name	Mobile		Landline	No	Email		T
AVIVA INTERNATIONAL	VIVA avivainternation				-		
License No:	Type of Agen	су:	Age	ncy Address:			
Regd NO B- 0713/MUM/PER/10	000+75/74837266	gency	MAT	P NO. 3 NAVDE HURDAS COLONY INA SANTACRUZ	ST. AN	THONY STREET	
		Upload F	ile/attach	ment			
ld Proof :VoterId							
Download File - <u>J T.png</u>							
		Do	claration				

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:

YOJANA THAKURI

Signature

Date: 3/15/2021 4:34:51

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### EMIGRATION CHECK REQUIRED

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

### JASH BAHADUR THAKURI

माता का नाम / Name of Mother

#### KEMUNA THAKURI

पति या पत्नी का नाम / Name of Spouse

पता / Address

WASHABARI TG

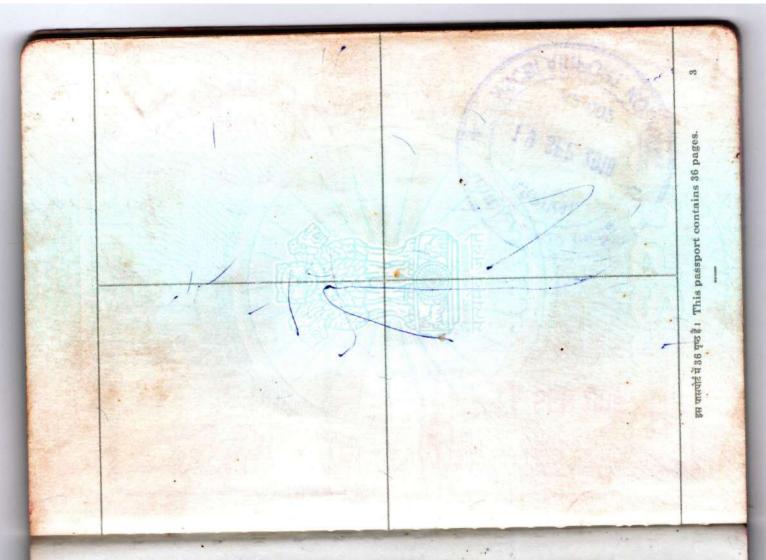
PO BAGRAKOT, JALPAIGURI

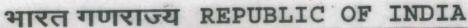
#### PIN: 734501, WEST BENGAL, INDIA

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

फाईल नं./ File No.

CA3069483216316





टाईप / Type

राष्ट्र कोड / Country Code

पासपोर्ट नं./ Passport No.

उपनाम / Surname

P2559714

THAKURI

दिया गया नाम / Given Name(s)

YOJANA

राष्ट्रीयता / Nationality

लिंग / Sex

www. Date of Birth

भारतीय/INDIAN

09/08/1995

जन्म स्थान / Place of Birth

WASHABARI TG, WEST BENGAL

जारी करने का स्थान / Place of Issue

KOLKATA

जारी करने की तिथि / Date of Issue समाप्ति की तिथि / Date of Expiry

18/08/2016

17/08/2026

P<INDTHAKURI<<YOJANA<<<<<<< P2559714<4IND9508093F2608178<<<<<<<<<