

Application number: 878712

Issue date: 17.10.2021

This document is not confirmation that the form has been submitted

Application for an entry permit to Israel during the COVID-19 pandemic for passengers traveling with a foreign passport

Application number: 878712

Request details

Passport number	Last Name	First Name
Z5936242	Lalitha Raveendran	Nivedita
Mobile phone	Email	
+8940334911	niveditalrc@gmail.com	
Copy of the passenger's passport	Passport nationality	
New passport.pdf	INDIA	
Additional citizenship	Medical status	Copy of the vaccination certificate
	Vaccinated	Vaccination certificate.pdf
Are you holding overseas health insu	rance that includes medical covera	age for COVID-19?
Yes	0	No
Arriving from (country)	Which Israeli embassy or consu	ulate are you applying to?
Arriving from (country)	Which Israeli embassy or const	ulate are you applying to?
India	BENGALURU	
Are you traveling with other family m	nembers who have applied for a per	mit?
Yes		No
Travel details		
Purpose of traveling to the State of I	srael	
Other		
Please specify the reason for the req	uest to travel to Israel	
To join as a postdoctoral fellow at Te	echnion - Israel Institute of Technolo	QV

No	Yes
ountries	
United Arab Emirates	
cheduled flight date	
17/11/2021	
re there additional supporting documents to attach/uploa	ad?
No	Yes
NO	Yes

This form contains information protected by the Privacy Protection Act.



Final Certificate for COVID-19 Vaccination

Beneficiary Details

Beneficiary Name Nivedita L Raveendran

Age **34**

Gender Female

ID Verified PAN Card # CFOPR2200G

Unique Health ID (UHID)

Beneficiary Reference ID **83462901624500**

Vaccination Details

Vaccine Name COVISHIELD

Date of 1st Dose **05 Jun 2021 (Batch no. 4121Z086)**

Date of 2nd Dose **28 Aug 2021 (Batch no. 4121Z129)**

Vaccinated by LINI E V

Vaccination at **DHANALAKSHMI HOSPITAL**



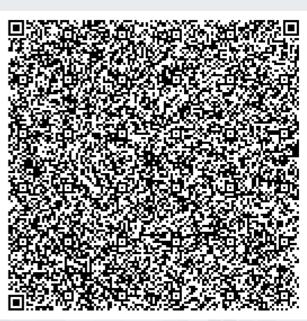
Together, India will defeat COVID-19"

- Prime Minister Narendra Modi

In case of any adverse events, kindly contact the nearest Public Health Center/Healthcare Worker/District Immunization Officer/State **Helpline No. 1075**











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

RAVEENDRAN KALATHIL

माता का नाम/Name of Mother

LALITHA CHENGALATH RAVEENDRANATH

पति या पत्नी का नाम / Name of Spouse

पता / Address

CHENGALATH

CHIRAKKAL PO, KANNUR

PIN: 670011, KERALA, INDIA

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

J4875466

27/12/2010

KOZHIKODE

फाईल न / File No.

K01073129501920

Lalitha Raveendran Nivedita - confirmation letter.pdf



October 10, 2021
To whom it may concern,
We hereby confirm that:
Ms. Lalitha Raveendran Nivedita passport No. Z5936242 is insured by our company according to the Tour & Care insurance policy. The policy is valid from 15/11/2021 to 30/09/2022.
The Policy covers COVID-19 in accordance with and subject to the terms of the Policy and the underwriting policy of the Company.
The policy is supported by a 24 hour service: In Israel Through Harel Insurance Company LTD. Tel no. 972-3-7547020 Fax no. 972-3-7348168

Sincerely, Harel Insurance Company