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वीशा / VISA

पिता / कामूनी अभिभावक का नाग/ Name of Father / Legal Guardian

AJAY SUBBA

नाता का नाम / Name of Mother

ANJALI SUBBA

पति या पत्नी का नाम / Name of Spouse

पता / Address

C R DAS ROAD, GING LAMA HATTA, LEBONG

WARD NO- 32, SADAR, DARJEELING

PIN: 734105, WEST BENGAL, INDIA

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

पाईल न / File No.

CA5063258444121

Reference Number: TEMP/13921/0012/01

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



מדינת ישראל <u>משרד הפנים</u> שגרירות ישראל בניו דלה

#### 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	Mother's name	Father's name	Given name	Family name
	ANJALI SUBBA	AJAY SUBBA	NIKITA	SUBBA
//		//		
Previous nationality	Present nationality	Occupation	Date of birth	Place of birth

Type Of Travel Docs : National Passport				Family Status	
valid untill	Issued on	issued at	number	☐ Married ☑ Single	
02/08/2031	02/09/2021	KOLKATA U9245996		☐ Widow ☐ 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				
	state whether you have a return visa and indicate its validity				

permanent address in India					
Telephone no.	Mobile no.	Email	Street and house no.	City	Country
7908270025	9892832227	nikitasubba2312 @gmail.com	C R DAS ROAD, GING LAMA HATTA, LEBONG WARD NO 32, SADAR, DARJEELING PIN CODE- 734105	WEST BENGAL	INDIA

Countries of transit	Requested duration of stay in Israel	Anticipated date	l!	Address in Israel

	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	Maide	n name	Given name
Family name	Т	ravel	ling with		Passport	

## Children under the age of 18

Travelling With	Passport	Date of birth	Place of birth	Given name	
					1

## Children above the age of 18

Travelling with	Passport	Date of birth	Place of birth	Given name	
					1

## Relation/references in Israel

Telep	ohone No	Email	Address	Relationship	Name	
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## Details of The Agency

Agency Name	Mobile	La	ındline No	Email	
AVIVA INTERNATIONAL	9892832227	26	652035	avivainternationa 12006@gmail.com	.1
License No:	Type of Agency:		Agency Addre	ss:	
Regd No B- 0713/MUM/PER/1000	+75/7403/2008	<b>v</b>	MATHURDAS COL	/DEEP BUILDING NEAR LONY ST ANTHONY STREET CRUZ (E) MUMBAI 40009	

## Upload File/attachment

ld Proof :VoterId

Download File 
NIKITA SUBBA 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	NIKITA SUBBA	Date: 9/13/2021 4:20:42 PM	Diago. NEW
: '	Signature	Date. PM	Place: NEW DELHI

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