CANDALLA SPILLANKA (Foreign Employment)

26, KALUWALA RD, KOSSINNA, GANEMULLA, SRI LANKA.

Tel: 033-2260985, 033-3437001 Fax: 033-2260985 web: www.dahamlanka.com, dahamlanka.com@yahoo.com

Application fo	r Fn	mlo	vmor	nt .												
Application to)r Ell	1) 10	ymei	<u>11</u>												
Reg. No	:															
Post Applied fo	r :															
Name in Short	:						•									
Address	:															
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DETAILS OF	APP	LIC	'A NT													
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Name in Full Date of Birth	:															
Place of Birth	:								\dashv							
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Height	:			Ag	ρ	:			\dashv							
Weight	:			Sex		:										
Civil Status	:															
No of children	:			Ag	e	:										
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PASSPORT DET	AILS															
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FAMILY DET		<u>S</u>											Dat	е	Month	Yea
Father's Name		:														
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Spouses Name		:														
Children's Naı		:												\perp		
Children's Naı	me	:														

EDUCATIONAL QUAL	IFICATIONS								
WORK EXPERIENCE									
Country	Duration	Job Descr	ription						
v									
CARE GIVING EXP	PERIENCES								
Country	Country Duration Job Descri								
v			•						
CARE GIVING TRA	AINING								
GENERAL INFORM	<u>MATION</u>		YES	NO					
01 Do you like to tak	ring care of Bedridden Pe	rson?							
	take care of invalid pers								
	work with Mentally Ret								
04 Are you willing to	take care of sick baby o								
05 Can you change d									
	clean Bedridden person?								
07 Can you dress the	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	h to move a patient from								
	aveling or Working with	1 7	NA	Е					
	10 Do you mind working with both sexes? (Specify) M F 11 Can you do simple Cooking?								
· · · · · · · · · · · · · · · · · · ·	e House Keeping?								
	washing machine and elec	etrical appliances?							
	erience in Driving?	appronous.							
15 Are you Vegetaria	<u> </u>								
hereby certify that mowledge.	the above mentioned pa	articulars are true and correct	to the best	of my					
Remarks: -									
			••••••	• • • • • • • •					
		\$	Signature of A	pplicant					
I.SOLANGAA	ARACHCHI								
Name of Interv	viewer		Date						



Basic

Good

Very Good

GOOD

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



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

Firs	t Name	!		Family name				Marital Previo		ious Family name (Before marriage)		
							316	สเนธ		marriag	e)	
Passport N	umher		leen	ed at	Valid Until	Date of I	Rirth	Не	eight	Weight	Gender	
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Addres	ss in Co	untr	y of Origin	Tel/Cell Phone in Country of Origin				of Country of Birth			n Nationalities	
					Family Men	nbers						
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מדינת ישראל רשות האוכלוסין וההגירה State of Israel Population and Immigration Authority



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

	Polovent Core	giving / Nursing Work	Evnerience /In All C	ountries)				
F								
From	То	00	Occupation					
Driving License Smoking								
Declaration o	f Applicant for B1 V	<u>sa</u>						
I		passport number	issued by	Sri Lanka hereby request a				
visa to work i	n Israel as a caregiv	er for a person with disa	bilities and hereby d	eclare (please check all the				
relevant boxes	below):							
☐ I have		ael for the following time p	periods:	T. D.				
	From Date			To Date				
⊠ I have r □ I was r □	_		urrently in Israel:					
Relation	Name	Fa	mily 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.