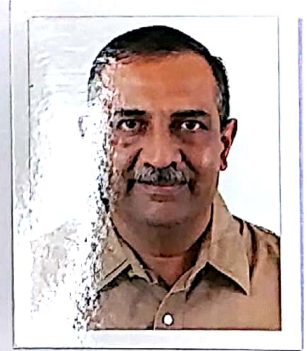




Application for Schengen Visa
This application form is free.



1 Surname (Family name) (x) Bains				For official use only	
2 Surname at birth (Former family name(s)) (x)				Date of application:	
3 First name(s) (Given name(s)) (x) Hardeep				Visa application number:	
4 Date of birth (day-month-year) 04/11/1966		5 Place of birth Pune	7 Current nationality Nationality at birth, if different: Indian		
		6 Country of birth India			
8 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		9 Marital status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10 In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian N/A					
11 National identity number, where applicable N/A					
12 Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input checked="" type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)					
13 Number of travel document O 1521722		14 Date of issue 06/06/2017	15 Valid until 05/06/2019	16 Issued by Government of India	
17 Applicant's home address, e-mail address Permanent : J-118, Sector 25, jal Vayu Vihar, Noida, Gautam Budh Nagar, Uttar Pradesh , India Present - Hertzal Rosenblum 4, Sea& Sun Apartments, 116 email : bainsanju@gmail.com				Telephone number(s) +972 54 9742298	
18 Residence in a country other than the country of current nationality <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Residence permit or equivalent No 17/068982/т Valid until 27/07/2018					
*19 Current occupation Student at the Israel National Defense College					
*20 Employer and employer's address and telephone number. For students, name and address of educational establishment. The Israel National Defense College, Dayan Camp, Aharon Yariv Blvd.					
21 Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input checked="" type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input checked="" type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (Please specify)					
Name:					
<input type="checkbox"/> Other					
File handled by:					
Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:					
Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid					
From					
Until					
Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple					
Number of days:					

(!) No logo is required for Norway, Iceland and Switzerland.

22 Member State(s) of destination Netherlands, Belgium, Germany	23 Member State of first entry Netherlands
24 Number of entries requested <input checked="" type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25 Duration of the intended stay or transit Indicate number of days 05 days

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in accordance with the data in the travel document.

26 Schengen visas issued during the past three years <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from _____ to _____	
27 Fingerprints collected previously for the purpose of applying for a Schengen visa <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date, if known _____	
28 Entry permit for the final country of destination, where applicable Issued by _____ Valid from _____ until _____	
29 Intended date of arrival in the Schengen area 18/03/2018	30 Intended date of departure from the Schengen area 22/03/2018
*31 Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) Radisson Blu Royal Hotel, Brussels Maritim Proarte Hotel, Berlin	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) Brussels - Rue du Fossé aux Loups 47, 1000 Bruxelles, Belgium Berlin - Friedrichstraße 151, 10117 Berlin, Germany	Telephone and telefax +32 2 219 28 28 +49 30 20335
*32 Name and address of inviting company/organisation	Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax and e-mail address of contact person in company/organisation	

*33 Cost of travelling and living during the applicant's stay is covered by the Israel National Defense College (INDC)	
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	<input checked="" type="checkbox"/> by a sponsor (host, company, organisation), please specify _____ <input type="checkbox"/> referred to in field 31 or 32 INDC _____ <input checked="" type="checkbox"/> other (please specify) Means of support <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accommodation provided <input checked="" type="checkbox"/> All expences covered during the stay <input checked="" type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)

34 Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	
35 Family relationship with an EU, EEA or CH citizen			
<input type="checkbox"/> spouse <input type="checkbox"/> child ----- <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36 Place and date		37 Signature (for minors, signature of parental authority/legal guardian)	

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No. 24):
I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annual, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) ⁽¹⁾ for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is Ministry for Foreign Affairs of Finland, PO Box 176, 00023 Government, Finland, e-mail: visas.passports@formin.fi

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State (Office of the Data Protection Ombudsman, PO Box 315, 00181 Helsinki, Finland, e-mail: tietosuoja@om.fi) will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted any may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No. 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date The Israel National Defense College, 07.03.18	Signature (for minors, signature of parental authority/legal guardian) <i>Hardeep Bawis</i>
--	--

(1) In so far as the VIS is operational



ISRAEL DEFENSE FORCES

INDC & The Military Colleges

March 6th 2018

To whom it may concern,

Between the 18th and the 22nd of March 2018, the Israel National Defense College (INDC) is set to visit Netherlands, Belgium, and Germany as part of its yearly curriculum. The tour will include a visit to the NATO and EU headquarters in Brussels, and will explore the strategic components of both organizations in regard to the State of Israel and the Middle East, as well as a visit to Berlin.

The INDC serves as the highest educational institution in the State of Israel for senior officials of the public sector, the defense organizations, and high military command. Students taking part in the INDC yearly course learn strategic planning and the various fields of national security.

This year's visit will be led by the Commandant of the Military Colleges, MG Amir Baram and is to include this year's class, students ranging from Colonels and Brigadier Generals in the IDF to Deputy Chiefs of Staff and Heads of Governmental Offices from the verity of regions and areas in the State of Israel.

The group will also include six International students (Colonels and senior Lieutenant Colonels). Currently, The Indian student participating in the INDC is Air Commodore Hardeep Bains. We would therefore like to ask for a visa for Air Commodore Bains.

The International Fellowship and Cooperation Desk is available to assist with any questions or concerns. Please feel free to contact us by phone at +972-3-760-7495 or via E-mail at ismo.office@gmail.com

Sincerely,

CPT (P)

Ido Soceanu

The International Fellowship and
Cooperation Desk

INDC & IDF Military Colleges

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-6, ITR-7 transmitted and verified electronically]

Assessment Year
2016-17

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name			PAN		
	HARDEEP BAINS			AAFPB6080N		
	Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted	ITR-1	
	J-118 sector 25					
	Road/Street/Post Office	Area/Locality		Status Individual		
	jalvayu vihar	noida				
	Town/City/District	State	Pin	Aadhaar Number		
	gb nagar	UTTAR PRADESH	201301	569372526007		
	Designation of AO(Ward/Circle)			Original or Revised		
	WARD 66(2), DELHI			ORIGINAL		
E-filing Acknowledgement Number			Date(DD/MM/YYYY)			
392100030050816			05-08-2016			
COMPUTATION OF INCOME AND TAX THEREON	1	Gross total income			1	2352021
	2	Deductions under Chapter-VI-A			2	150000
	3	Total Income			3	2202020
	3a	Current Year loss, if any			3a	0
	4	Net tax payable			4	500174
	5	Interest payable			5	0
	6	Total tax and interest payable			6	500174
	7	Taxes Paid	a	Advance Tax	7a	0
			b	TDS	7b	502439
			c	TCS	7c	0
d			Self Assessment Tax	7d	0	
e			Total Taxes Paid (7a+7b+7c +7d)	7e	502439	
8	Tax Payable (6-7e)			8	0	
9	Refund (7e-6)			9	2270	
10	Exempt Income	Agriculture		10	0	
		Others				

The return has been electronically uploaded on 05-08-2016 from IP address 117.195.195.233 and has been electronically verified by HARDEEP BAINS in the capacity of _____ having PAN AAFPB6080N on 05-08-2016 18:16:51 from IP address 117.195.195.233 at HYDERABAD using Electronic Verification Code MGYXRIBT9I generated through Aadhaar OTP mode.

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6, ITR-7 transmitted and verified electronically]

Assessment Year
2017-18

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name			PAN		
	HARDEEP BAINS			AAFPB6080N		
	Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted	ITR-1	
	J-118	sector 25				
	Road/Street/Post Office	Area/Locality		Status	Individual	
	Jal Vayu Vihar	NOIDA				
	Town/City/District	State	Pin	Aadhaar Number		
	GB Nagar	UTTAR PRADESH	201301	569372526007		
	Designation of AO(Ward/Circle)			Original or Revised		
	WARD 66(2), DELHI			ORIGINAL		
E-filing Acknowledgement Number			Date(DD/MM/YYYY)			
847431520050717			05-07-2017			
COMPUTATION OF INCOME AND TAX THEREON	1	Gross total income			1	2242500
	2	Deductions under Chapter-VI-A			2	150000
	3	Total Income			3	2092500
	3a	Current Year loss, if any			3a	0
	4	Net tax payable			4	466333
	5	Interest payable			5	0
	6	Total tax and interest payable			6	466333
	7	Taxes Paid	a	Advance Tax	7a	0
			b	TDS	7b	558100
			c	TCS	7c	0
d			Self Assessment Tax	7d	0	
e			Total Taxes Paid (7a+7b+7c +7d)	7e	558100	
8	Tax Payable (6-7e)			8	0	
9	Refund (7e-6)			9	91770	
10	Exempt Income	Agriculture		10	0	
		Others				

The return has been electronically uploaded on 05-07-2017 from IP address 182.69.203.252 and has been electronically verified by HARDEEP BAINS in the capacity of _____ having PAN AAFPB6080N on 05-07-2017 20:15:49 from IP address 182.69.203.252 at NOIDA using Electronic Verification Code 5UYX614CNI generated through Aadhaar OTP mode.

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

comm	= Commission	DR	= Debit	TT	= Telegraphic Transfer
COR/CORR	= Correction	os	= Outstanding	txn	= Transaction
CR	= Credit	Inop	= Inoperative	Wdl	= Withdrawal
cash	= Cash	DoB	= Date of Birth	+MOD bal = total balance (SB+linked MOD a/c)	

भारतीय स्टेट बैंक



State Bank of India

Savings Bank Account

CIF No : 85033190976

Account No : 30057577171

Customer Name: WG CDR HARDEEP BAINS
& MRS ANJU BAINS

S/D/W/H/o: JAGDISH SINGH BAINS

Address: J 118 JAL VAYU VIHAR
SEC.25
NOIDA

Phonc:

Email: BAINSANJU@GMAIL.COM

D.O.B. (If Minor):

MOP.: EITHER OR SURVIVOR

Nom. Reg. No.: 0000000076985235

PBE NOIDA

A-2A/1-2 OPP SHATABDI VIHAR, S
ECTOR-52,

Phonc: 2443167

Email: sbi.04264@sbi.co.in

Branch Code: 4264

Date of Issuc: 13/12/20

13/12/2016 5821002

IFSC: SBIN0004264

Branch Manager

MICR: 110002218

CONTINUATION



My Operative Accounts

Account Nickname: **-NIL-**

Account Number: **-NIL-**

Account Type: **All**

Number of Rows: **-NIL-**

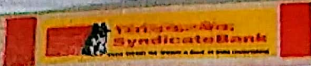
Account Currency: **All**

Operative Accounts List

Account Number	Account Type	Status	Balance
0012592001	Current	Active	Total: USD 16,020.99
HARDEEP			Available: USD 16,020.99
0012592002	Current	Active	Total: NIS 5.42
HARDEEP			Available: NIS 5.42

DATE	PARTICULARS	CHEQUE NO.	DEBIT	CREDIT
				Brought Forward 52439.64Cr
27.06.17	0000000A017938929000000000CWP SBIMF SIP-		3000.00	49439.64Cr
04.07.17	000000 SBI 0000004264 SBI CREDIT CARD PA		30174.85	19264.79Cr
	Uncl Bal: 0.00 Clr Bal: 19264.79 Cr: MOD BAL: 386735.00Cr			
13.07.17	NEFT*CORP0000154*000005256330*KARIABETTA			9000.00
14.07.17	OTHPOS870464 NEW U SECTOR		1280.00	28264.79Cr
25.07.17	0000000A020132338000000000CWP SBIMF SIP-		3000.00	26984.79Cr
	Uncl Bal: 0.00 Clr Bal: 23984.79 Cr: MOD BAL: 386735.00Cr			23984.79Cr
03.08.17	SWEEP TRF CREDIT			9032.00
	TRANSFER FROM Group Captain HARDEEP			33016.79Cr
	INT: 36.00ROI: 5.00TAX: 4.00			
03.08.17	000000 SBI 0000004264 SBI CREDIT CARD PA			
08.08.17	NEFT*UTIB0000009*AXIR172201518406*KARIAB		32558.63	458.16Cr
12.08.17	OTHPOS451004 NEW U SECTOR			9000.00
				9458.16Cr
				2458.16Cr
28.08.17	0000000A021913477000000000CWP SBIMF SIP-		3000.00	4458.16Cr
30.08.17	OTHPOS020496 H P CENTER		1000.00	3458.16Cr
04.09.17	SWEEP TRF CREDIT			28252.00
	TRANSFER FROM Group Captain HARDEEP			31710.16Cr
	INT: 281.00ROI: 6.00TAX: 29.00			
04.09.17	000000 SBI 0000004264 SBI CREDIT CARD PA			
14.09.17	NEFT*UTIB0000009*AXIR172579882283*KARIAB		31268.90	441.26Cr
25.09.17	0000000A023621806000000000CWP SBIMF SIP-			9000.00
25.09.17	INTEREST CREDIT		3000.00	9441.26Cr
03.10.17	000000 SBI 0000004264 SBI CREDIT CARD PA			6441.26Cr
	Uncl Bal: 0.00 Clr Bal: 6109.92 Cr: MOD BAL: 362028.00Cr			6591.26Cr
09.10.17	OTHPOS075371 SAFETY STORES SECTOR		481.34	6109.92Cr
11.10.17	NEFT*UTIB0000009*AXIR172846970663*KARIAB		780.00	5329.92Cr
25.10.17	0000000A025670428000000000CWP SBIMF SIP-			9000.00
02.11.17	000000 SBI 0000004264 SBI CREDIT CARD PA		3000.00	4329.92Cr
			482.19	11329.92Cr
				10847.73Cr

	CHEQUE NO	DEBIT	CREDIT	END BALANCE
				Brought Forward
				10847.73 Cr
08.11.17	OWN CHG XFER DR		1100.00	11947.73Cr
08.11.17	INB IMPS731211250171/9999999999/XX3681/1	000828366	9000.00	20947.73Cr
	TRANSFER FROM 897978162091			
27.11.17	000000A0283753750000000000CNP SBIMF SIP-		3000.00	17947.73Cr
01.12.17	0THPOS995547 BHARTI AIRTEL LTD		600.00	17347.73Cr
04.12.17	000000 SBI 0000004264 SBI CREDIT CARD PA		16376.57	971.16Cr
16.12.17	NEFT*CORP0000154*000023272791*KARIABETTA		9300.00	971.16Cr
	Uncl Bal: 0.00 Clr Bal: 9971.16 Cr; +MOD BAL: 36202.00Cr			
22.12.17	0THPOS038285 DECON SECTOR		580.00	9391.16Cr
25.12.17	INTEREST CREDIT		104.00	9495.16Cr
26.12.17	000000A0306322370000000000CNP SBIMF SIP-		3000.00	6495.16Cr
29.12.17	0THPOS21 DECON SPORTS			
02.01.18	000000 SBI 0000004264 SBI CREDIT CARD PA		674.58	3024.58Cr
16.01.18	NEFT*UTIB0000009*AXIR180162403229*KARIAB		9000.00	12024.58Cr
25.01.18	000000A0332705480000000000CNP SBIMF SIP-		3000.00	9024.58Cr
02.02.18	000000A0332705480000000000CNP SBIMF SIP-			
	Uncl Bal: 0.00 Clr Bal: 9024.58 Cr; +MOD BAL: 369282.00Cr		484.71	8539.87Cr
	Uncl Bal: 0.00 Clr Bal: 8539.87 Cr; +MOD BAL: 369282.00Cr			
19.02.18	NEFT*UTIB0000009*AXIR180501458154*KARIAB		9000.00	17539.87Cr
26.02.18	000000A0360830580000000000CNP SBIMF SIP-		3000.00	14539.87Cr
27.02.18	STDR CLOS			
	TRANSFER FROM Mrs. ANJU BAINS		146431.00	160996.87Cr
27.02.18	SBILF NEW SBILF04264201805803887737		150000.00	10996.87Cr
	Uncl Bal: 0.00 Clr Bal: 10996.87 Cr; +MOD BAL: 369282.00Cr			



RAJ MARG NEW DELHI
 RAJ HEAD QUARTERS
 RAJ MARG
 NEW DELHI 110011

910025089

Address & Tel. No. br.9053@syndicatebank.com
 New/Fax
 & NewE-mail

SYN60005083

कारोबार का समय / Business Hours

Mr. GP CAJTHARDELL BAINS

Name RAJ MARG NEW DELHI NEW DELHI 110108
 Address 04/11/1986

Joint Names: 1. ANJU BAINS 2. VIMAL JEET BAINS
 Date of Birth 13/09/2012
 A/c No. Customer ID: 36936004
 AAFPB6080N PAN

नामों को रखने की विधि
 A/C OR retained instruction: Either or Survivor

नामांकन की पंजीकरण संख्या और दिनांक
 Nomination Registration No. 1272017

पास बुक निर्गम तिथि
 Date of Issue of Pass Book

प्राधिकृत हस्ताक्षरकर्ता
 Authorised Signatory