



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

Paste your unsigned  
recent color photograph.  
Size: 2" X 2"

## Visa Application Form



BGDDVAC3C222

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	SULTANA			
Given Name (As in Passport)	SHARMIN			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	24-DEC-1982	Religion	ISLAM	
Place of Birth Town/City	JASHORE	Country of Birth	BANGLADESH	
Citizenship /National ID No	1923750739	Educational Qualification	GRADUATE	
Visible identification marks	NIL			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	A02208032	Date of Issue ( dd/mm/yyyy )	29-NOV-2021	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	28-NOV-2031	
Any other Passport/Identity Certificate held (if yes ,please fill in the following)	NO			
Country of Issue		Place of Issue		
Passport/IC No.		Date of issue (dd/mm/yyyy)		
Nationality/Status				
C. Applicant's Contact Details				
Present Address	H#28 RD#9/A F#4/B DHANMANDI DHAKA, BANGLADESH 1209	Phone No	01777954452	
		Mobile /Cell No	8801777954452	
		Email address	SHARMIN1982@GMAIL.COM	
Permanent Address	URBAN VILLA APT 48 H#28 R#9/A DHANMONDI JIGATALA 1209 DHAKA DHAKA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SHAIKH SOHRAB HOSSAIN	BANGLADESH	BANGLADESH	JASHORE BANGLADESH
Mother's	NURJAHAN BEGUM	BANGLADESH	BANGLADESH	JASHORE BANGLADESH
Spouse	SHAIKH SHAMIM BULBUL	BANGLADESH	BANGLADESH	BAGERHAT BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



SHARMIN SULTANA

Web Registration Date : 17-SEP-2022 Application Id : BGDDVAC3C222

E. Details of Visa Sought (Visa shall be valid from the Date of Issue and not from the Date of Journey)			
Type Of Visa Required	MEDICAL VISA	No of Entries	MULTIPLE
Period of Visa ( Month)	12 Month	Expected Date of Journey	29-SEP-2022
Port Of Arrival	BY AIR	Port of Exit	BY AIR
Required Detail of	MEDICAL VISA		
Hospital Name	NANAVATI MAX		
Address	S V ROAD VILE PARLE W MUMBAI 400056		
Doctor Name	DR MUZAMMIL SHAIKH		
Phone/Fax	+919619686026		
Details	ONCOLOGY		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
F. Previous Visit Details			
Have You Ever visited India ?	NO		
Address where You stayed in India			
Cities in India Visited			
Type of Visa		Visa Number	
Visa Issued Place		Date of Issue	
Countries visited in last 10 years	NO		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	ADDITIONAL COMMISSIONER OF TAXES
Employer name/business	NATIONAL BOARD OF REVENUE		
Employer Address Phone Number	436 THIRD FLOOR NBR SEGUNBAGICHA DHAKA 1000 0222226821		
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?	NO		
Organization		Designation	
Place of Posting		Rank	
H. Address of Place of Stay / Hotel			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	NANAVATI MAX HOSPITAL S V ROAD VILE PARLE W MUMBAI 400056 MUMBAI MAHARASHTRA.		+919619686026,
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	NANAVATI MAX	SHAIKH SHAMIM BULBUL	
Address	S V ROAD VILE PARLE W MUMBAI 400056 MUMBAI MAHARASHTRA	URBAN VILLA APT 48 H#28 R#9/A DHANMONDI JIGATALA 1209 DHAKA	
Phone Number	+919619686026	01777954452	
K. DECLARATION			
a. I do not hold any other passport(s) other than those detailed above.			
b. I have read and understood all the conditions for the visit to India and I am willing and able to abide fully by them.			
c. I declare that the information given in the form is complete and correct and the visit to India will be undertaken for the purpose indicated in the application.			
d. I understand that in case the information provided in the form is found to be incorrect, I will be liable for denial of visit/ entry or deportation and/ or other penalties during the visit as provided by Indian law.			
e. I will also submit hard-copy all the uploaded documents along with the print of application to submit to the concerning Indian Mission or Agency for processing of visa application.			

Application Id : BGDDVAC3C222

17-SEP-2022

Date : .....

.....  
Applicant's signature (as in Passport)