



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

Paste your unsigned
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Visa Application Form



BGDDVE033F22

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	KHATUN			
Given Name (As in Passport)	MASTURA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	SINGLE	
Date of Birth	01-JUN-2000	Religion	ISLAM	
Place of Birth Town/City	RAJSHAHI	Country of Birth	BANGLADESH	
Citizenship /National ID No	8261903895	Educational Qualification	HIGHER SECONDARY	
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.	A05144940	Date of Issue (dd/mm/yyyy)	23-OCT-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	22-OCT-2032	
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	HOUSE NO 84 / 2 NO SCHOOL ROAD MAT UTTAR PARA JATRABARI DHAKA DHAKA, BANGLADESH 1232	Phone No	01710645665	
		Mobile /Cell No	88001710645665	
		Email address	SHARIYARTAMIMO@GMAIL.COM	
Permanent Address	POSCHIMPARA MOTHURA TANOR TALONDO 6230 RAJSHAHI RAJSHAHI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABDUL AZIZ MONDOL	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Mother's	SAYDA HAFSHA	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MASTURA KHATUN

Web Registration Date : 10-NOV-2022 Application Id : BGDDVE033F22

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)	6 Month	Expected Date of Journey	30-NOV-2022
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	MGM HEALTHCARE		
Address	NO 54, OLD, 72, NELSON MANICKAM RD, AMINJIKARAI, C		
Doctor Name			
Phone/Fax			
Details			
Purpose of Visit : FOR PATIENTS			
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			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	PRIVATE SERVICE	Designation/Rank	CUSTOMER SERVICE
Employer name/business	DOCTORSLINK BANGLADESH		
Employer Address	NAWAZ VILA 27 KURIL VATRA JAMUNA PARK		
Phone Number			
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	MD TUHIN MAHMUD DOULOTPUR HATGACHE ETAHAR MALDA MALDA WEST BENGAL.		+919851242825,
2	.		.
3	.		.
4	.		.
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	MD TUHIN MAHMUD	MD ABDUL AZIZ MONDOL	
Address	DOULOTPUR HATGACHE ETAHAR MALDA MALDA WEST BENGAL	POSCHIMPARA MOTHURA TANOR TALONDO 6230 RAJSHAHI	
Phone Number	+919851242825	01710645665	
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 : BGDDVE033F22

10-NOV-2022

Date :

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Applicant's signature (as in Passport)