



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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

## Visa Application Form



BGDDVFBF7722

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ISLAM			
Given Name (As in Passport)	MD KABINOOR			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	12-NOV-1986	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	5552192733	Educational Qualification	GRADUATE	
Visible identification marks	NA			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	A05042519	Date of Issue ( dd/mm/yyyy )	06-OCT-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	05-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/FLAT -1332/1, EAST SHEWRAPAPA MIRPUR DHAKA, BANGLADESH 1216	Phone No	01717690142	
		Mobile /Cell No	8801717690142	
		Email address	TAMANNARANI818@GMAIL.COM	
Permanent Address	HOUSE -17, DHAP LALKUTHI KOTWALI METRO RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABDUL KHALEQUE	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST KOHINUR BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	TAMANNA BEGUM RANI	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD KABINOOR ISLAM

Web Registration Date : 05-DEC-2022 Application Id : BGDDVFBF7722

<b>E. Details of Visa Sought</b> (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	24-DEC-2022
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	ARTEMIS HOSPITAL GURGAON		
Address	SECTOR 51, GURUGRAM, HARYANA 122001		
Doctor Name	DR DILPREET BAJWA		
Phone/Fax	+91124 451 1111		
Details	ENT		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
<b>F. Previous Visit Details</b>			
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	NA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
<b>G. Profession/Occupation Details :</b>			
Present Occupation	PRIVATE SERVICE	Designation/Rank	OFFICER
Employer name/business	ABDULLAH AND ABDULLAH CONSULTANTS LTD		
Employer Address	MOHAKHALI DOHS, DHAKA -1206		
Phone Number			
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?	NO		
Organization		Designation	
Place of Posting		Rank	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	ARTEMIS HOSPITAL GURGAON SECTOR 51, GURUGRAM, HARYANA 122001 GURGAON HARYANA.		+91124 451 1111,
2	.,		
3	.,		
4	.,		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	DR DILPREET BAJWA	MD ABDUL KHALEQUE	
Address	SECTOR 51, GURUGRAM, HARYANA 122001 GURGAON HARYANA	HOUSE -17, DHAP LALKUTHI KOTWALI METRO, RANGPUR	
Phone Number	+91124 451 1111	01718009088	
<b>K. DECLARATION</b>			
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 : BGDDVFBF7722

05-DEC-2022

Date : .....

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