

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form

Signature

BY BIRTH

| PCDD\/EDEED33 |
|---------------|

BGDDVFBF5B22 A. Personal Particulars (As in Passport) Surname (As in Passport) RANI Given Name (As in Passport) TAMANNA BEGUM Previous/other Name if any Not Applicable **FEMALE Marital Status MARRIED** Gender Date of Birth 01-JAN-1983 Religion **ISLAM** Place of Birth Town/City **RANGPUR Country of Birth BANGLADESH** Citizenship /National ID No 7349482625 **Educational Qualification GRADUATE**

Current Nationality Nationality by Birth/ **BANGLADESH Naturalization**

Any Other Previous/Past Nationality Not Applicable

B. Passport Details

Visible identification marks

Passport No. A05042516 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

HOUSE/FLAT -1332/1, EAST SHEWRAPAPA Present 01717690142 Phone No Mobile /Cell No **Address MIRPUR** 8801717690142 DHAKA, BANGLADESH 1216 **Email address** BAPPI2372@GMAIL.COM

Permanent HOUSE -17, DHAP LALKUTHI Address

KOTWALI METRO RANGPUR



D. Family Details

| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth | |
|--|-------------------|-------------|-------------------|------------------------|--|
| Father's | AKTAR HOSSAIN | BANGLADESH | BANGLADESH | RANGPUR BANGLADESH | |
| Mother's | SHAMIMA AKTER | BANGLADESH | BANGLADESH | RANGPUR BANGLADESH | |
| Spouse | MD KABINOOR ISLAM | BANGLADESH | BANGLADESH | RANGPUR BANGLADESH | |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | | |

| E. Details of Visa Sought | (Visa | a shall be valid from the Date | e of Issue and not from the | Date of Journey) | | |
|---|--------------------------------------|--|---------------------------------|------------------------------|--|--|
| Type Of Visa Required MEI | | DICAL VISA | No of Entries | MULTIPLE | | |
| Period of Visa (Month) | 12 N | lonth | Expected Date of Journey | 24-DEC-2022 | | |
| Port Of Arrival | Port Of Arrival BY R | | Port of Exit | BY ROAD CHANGRABANDHA | | |
| Required Detail of | MEDIC | AL VISA | | | | |
| Hospital Name | spital Name ARTEMIS HOSPITAL GURGAON | | | | | |
| Address | SEC | SECTOR 51, GURUGRAM, HARYANA 122001 | | | | |
| Doctor Name | DR | OR DILPREET BAJWA | | | | |
| Phone/Fax | +91 | 91124 451 1111 | | | | |
| Details | ENT | - | | | | |
| Purpose of Visit: FOR | PATIE | NTS | | | | |
| F. Previous Visit Details | | | | | | |
| Have You Ever visited In | ndia ? | 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 ? | | | | | | |
| G. Profession/Occupation | Details | s : of Spouse | | | | |
| Present Occupation | ŀ | HOUSE WIFE | Designation/Rank | OFFICER | | |
| Employer name/business | | ABDULLAH AND ABDULLAH CONSULTANTS LTD | | | | |
| Employer Address Phone Number | | MOHAKHALI DOHS, DHAKA 1206 | | | | |
| Past occupation if any | | | | | | |
| Are/have you worked with | Armed | d forces/ Police/ Para Military f | orces ? | NO | | |
| Organization | | | Designation | | | |
| Place of Posting | | | Rank | | | |
| H. Address of Place of Sta | y / Hot | el | | | | |
| Place/Hotel Name Address of Place / Hotel State Phone No | | | | | | |
| 1 ARTEMIS HOSPITAL G | URGA | ON SECTOR 51, GURUGRAM | I, HARYANA 122001 GURGA | ON HARYANA. +91124 451 1111, | | |
| 2 ., | | | | | | |
| 3 ., | | | | | | |
| 4 ., | | | | | | |
| I. Details of Two Reference | е | | | | | |
| In India | | | In BANGLADESH | | | |
| Name | | OR DILPREET BAJWA | MD ABDUL KHALEQUE | | | |
| Address | | SECTOR 51, GURUGRAM, HARYANA 122001 | HOUSE -17, DHAP LALKUTHI | | | |

Phone Number

K. DECLARATION

a. I do not hold any other passport(s) other than those detailed above.

GURGAON HARYANA

+91124 451 1111

- 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.

KOTWALI METRO, RANGPUR

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- 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.

| | 05-DEC-2022 | |
|--------|---|--|
| Date : | *************************************** | Applicant's signature (as in Passport) |