



HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDV4406520

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	HOSSAIN			
Given Name (As in Passport)	A K M TOZAMMEL			
Previous/other Name if any				
Sex	MALE	Marital Status	MARRIED	
Date of birth	11-APR-1958	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	3299387427	Educational Qualification	GRADUATE	
Visible identification marks	NIL			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality				
B. Passport Details				
Passport No.	BN0717568	Date of issue (dd/mm/yyyy)	21-MAR-2017	
Place of issue	DHAKA	Date of expiry (dd/mm/yyyy)	20-MAR-2022	
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 27 PORZOTON PURBOPARA ROAD 01 RANGPUR SADAR RANGPUR RANGPUR, BANGLADESH 5400	Phone No	01712657579	
		Mobile /Cell No	1712657579	
		Email address		
Permanent Address	HOUSE 27 PORZOTON PURBOPARA ROAD 01 RANGPUR SADAR RANGPUR RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	M A RASHID SARKER	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	TAMIZON NESA	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	MST FAZILATUN NESA	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 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	02-DEC-2020	
Port Of Arrival	BY ROAD HARIDASPUR	Port of Exit	BY ROAD HARIDASPUR	

Application Id : BGDDV4406520

Web Registration Date : 21-NOV-2020



Required Detail of		MEDICAL VISA	
Hospital Name	MANIPAL HOSPITALS	IBN SINA DIAGNOSTIC AND CONSULTATION CENTER	
Address	RUSTOM BAGH ROAD OFF HALL AIR ROAD	27/4 DHAKESHWARI ROAD DHAKA	
Doctor Name	DR VIDYADHARA S	DR MD SHAHIDUL ISLAM KHAN	
Phone/Fax	+919741203399		
Details	ORTHOPAEDICS		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
F. Previous Visit Details			
Have You Ever visited India ? YES			
Address where You stayed in India		CHRISTIAN MEDICAL COLLEGE VELLORE TAMIL NADU 632004 INDIA,	
Cities in India Visited		VELLORE	
Type of Visa		MEDICAL VISA	Visa Number VL1159843
Visa Issued Place		DHAKA	Date of Issue 06-DEC-2018
Countries visited in last 10 years INDIA			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?			
If yes above mention when and by whom with control No/Date			
G. Profession/Occupation Details			
Present Occupation		RETIRED	Designation/Rank SENIOR OFFICER
Employer name/business		RAJSHAHI KRISHI UNNAYAN BANK	
Employer Address Phone Number		RANGPUR SADAR RANGPUR	
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		MANIPAL HOSPITALS RUSTOM BAGH ROAD OFF HALL AIR ROAD BANGALORE KARNATAKA. +919741203399,	
2		.	
3		.	
4		.	
I. Details of Two Reference			
In India		In BANGLADESH	
Name	MANIPAL HOSPITALS	MST FAZILATUN NESA	
Address	RUSTOM BAGH ROAD OFF HALL AIR ROAD BANGALORE INDIA	27 PORZOTON PURBO PARA ROAD-01 RANGPUR SADAR RANGPUR	
Phone Number	+919741203399	01735584366	

J. DECLARATION:

- I do not hold any other passport(s) other than those detailed above.
- I have read and understood all the conditions for the visit to India and I am willing and able to abide fully by them.
- 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.
- 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.

Date : 21-NOV-2020

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Applicant's signature (as in Passport)

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