



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV0F16E23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		RAHAMAN		
Given Name (As in Passport)		MOSTAFIJUR		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	SINGLE	
Date of Birth	17-AUG-1998	Religion	ISLAM	
Place of Birth Town/City	CHATTOGRAM	Country of Birth	BANGLADESH	
Citizenship /National ID No	9155241780	Educational Qualification	HIGHER SECONDARY	
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.	A02318350	Date of Issue (dd/mm/yyyy)	28-NOV-2021	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	27-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	SIKDER BARI JAFARABAD WARD 06 CHANDANAISH BOILTOLI CHATTOGRAM, BANGLADESH 4383	Phone No	01857535058	
		Mobile /Cell No	88001857535058	
		Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	SIKDER BARI JAFARABAD WARD 06 CHANDANAISH BOILTOLI CHATTOGRAM			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOKHLESUR RAHAMAN	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Mother's	BULU AKTER	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MOSTAFIJUR RAHAMAN

Web Registration Date : 17-JAN-2023 Application Id : BGDDV0F16E23

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	13-FEB-2023
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	MEDICA SUPERSPECIALTY HOSPITAL		
Address	NITAI NAGAR, MUKUNDAPUR, KOLKATA, WEST BENGAL		
Doctor Name	DR PRADEEPTA K SETHY		
Phone/Fax	+91-7044499904		
Details	GASTROENTEROLOGY		
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	NO		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details : of Father			
Present Occupation	STUDENT	Designation/Rank	
Employer name/business	FARMER		
Employer Address Phone Number	SIKDER BARI JAFARABAD WARD 06 CHANDANAISH BOILTOLI		
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	MEDICA SUPERSPECIALTY HOSPITAL 127, MUKUNDAPUR KOLKATA 700 099 KOLKATA WEST BENGAL. +91-7044499904,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	MEDICA SUPERSPECIALTY HOSPITAL	MOKHLESUR RAHAMAN	
Address	NITAI NAGAR, MUKUNDAPUR, KOLKATA, WEST BENGAL INDIA KOLKATA WEST BENGAL	SIKDER BARI JAFARABAD CHANDANAISH CHATTOGRAM	
Phone Number	+91-7044499904	01840122881	
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 : BGDDV0F16E23

17-JAN-2023

Date :

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