



सत्यमेव जयते

# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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



## Visa Application Form



BGDDV0F0CF23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		AZAD		
Given Name (As in Passport)		MOHAMMAD ABUL KALAM		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	15-FEB-1965	Religion	ISLAM	
Place of Birth Town/City	CHATTOGRAM	Country of Birth	BANGLADESH	
Citizenship /National ID No	19650005121119995	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.	EJ0227293	Date of Issue ( dd/mm/yyyy )	08-JUN-2021	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	07-JUN-2026	
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	BAHAROM PARA,SATHBARIA,CHANDANAI CHATTOGRAM, BANGLADESH 4383	Phone No	01874813869	
		Mobile /Cell No	88001874813869	
		Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	BAHAROM PARA,SATHBARIA,CHANDANAI CHATTOGRAM			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	HAJI YAR MOHAMMAD	BAHRAIN	BANGLADESH	CHATTOGRAM BANGLADESH
Mother's	MOSAMMAT SUMUDA KHATUN	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Spouse	MONOWARA BEGUM	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MOHAMMAD ABUL KALAM AZAD

Web Registration Date : 17-JAN-2023 Application Id : BGDDV0F0CF23

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	TATA MEDICAL CENTER		
Address	14, MAR(E-W) KOLKATA WEST BENGAL. KOLKATA		
Doctor Name	DR SANDIP GANGULY		
Phone/Fax	+913366057000		
Details	ONCOLOGY		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	14, MAR(E-W) KOLKATA WEST BENGAL. INDIA ,		
Cities in India Visited	KOLKATA		
Type of Visa	MEDICAL VISA	Visa Number	VL6523148
Visa Issued Place	DHAKA	Date of Issue	06-JUL-2022
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 :			
Present Occupation	FARMER	Designation/Rank	
Employer name/business	FARMER		
Employer Address Phone Number	BAHAROM PARA,SATHBARIA,CHANDANAI		
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	TATA MEDICAL CENTER ACTION AREA I, NEWTOWN, KOLKATA, WEST BENGAL KOLKATA WEST BENGAL.	WEST BENGAL	+91 33 6605 700,
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR SANDIP GANGULY	MONOWARA BEGUM	
Address	14, MAR(E-W) KOLKATA WEST BENGAL. KOLKATA KOLKATA WEST BENGAL	SATHBARIA,CHANDANAISH,SATHBARIA CHATTOGRAM	
Phone Number	+913366057000	01874813869	
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 : BGDDV0F0CF23

17-JAN-2023

Date : .....

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Applicant's signature (as in Passport)

Biometric Enrollment is not required till 07/01/2027.