



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV0ED6C23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		ISLAM		
Given Name (As in Passport)		MD RIYADUL		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1992	Religion	ISLAM	
Place of Birth Town/City	LAKSHMIPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	1519497711	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.	A05914252	Date of Issue (dd/mm/yyyy)	04-DEC-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	03-DEC-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	CHAR BOSU WARD 08 KAMALNAGAR	Phone No	01821507727	
	KARUNANAGAR	Mobile /Cell No	88001821507727	
	LAKSHMIPUR, BANGLADESH 3731	Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	CHAR BOSU WARD 08 KAMALNAGAR			
	KARUNANAGAR LAKSHMIPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	NOOR NABI	BANGLADESH	BANGLADESH	LAKSHMIPUR BANGLADESH
Mother's	MANOARA BEGUM	BANGLADESH	BANGLADESH	LAKSHMIPUR BANGLADESH
Spouse	TASLIMA AKTER	BANGLADESH	BANGLADESH	LAKSHMIPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD RIYADUL ISLAM

Web Registration Date : 17-JAN-2023 Application Id : BGDDV0ED6C23

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	18-FEB-2023
Port Of Arrival	BY ROAD HARIDASPUR	Port of Exit	BY ROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	VELLORE, TAMIL NADU 632004, INDIA		
Doctor Name	DR RASHMI TANYA BOAZ		
Phone/Fax	+91 94987 60000		
Details	ENT		
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 :			
Present Occupation	PRIVATE SERVICE	Designation/Rank	
Employer name/business	MOHAMMADI FOOD AND HOUSING LTD		
Employer Address	CHATKHIL DOKHIN BAZAR CHATKHIL NOAKHALI		
Phone Number			
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	CHRISTIAN MEDICAL COLLEGE VELLORE VELLORE - 632 004, TAMIL NADU, INDIA. VELLORE TAMIL NADU. +91 8000338855,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	CHRISTIAN MEDICAL COLLEGE	NOOR NABI	
Address	VELLORE, TAMIL NADU 632004, INDIA VELLORE TAMIL NADU	CHAR BOSU WARD 08 KAMALNAGAR KARUNANAGAR LAKSHMIPUR	
Phone Number	+91 94987 60000	01821507727	
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 : BGDDV0ED6C23

17-JAN-2023

Date :

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Applicant's signature (as in Passport)