



सत्यमेव जयते

# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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



## Visa Application Form



BGDDV2E2F923

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ALAM			
Given Name (As in Passport)	ZUNAID			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	26-JAN-2007	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	20078597524751968	Educational Qualification	BELOW MATRICULATION	
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.	A06830439	Date of Issue ( dd/mm/yyyy )	02-FEB-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	01-FEB-2028	
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	FLAT NO 302/9 NORTH KAMLAPUR DHAKA, BANGLADESH 1217	Phone No	01879606091	
		Mobile /Cell No	8801879606091	
		Email address	INFO.DOCTORLINKBD@GMAIL.COM	
Permanent Address	HOUSE - 27, VIP ROAD 1/1,GUPTOPARA KOTWALI METRO RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	NAZMUL ALAM NAZU	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST SHAIKH MORSHEDA PIARY	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 16-FEB-2023 Application Id : BGDDV2E2F923



ZUNAID ALAM

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	SINGLE
Period of Visa ( Month)	12 Month	Expected Date of Journey	01-MAR-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	FORTIS ESCORTS HEART INSTITUTE		
Address	OKHLA ROAD, SUKHDEV VIHAR METRO STATION, NEW DELHI		
Doctor Name	DR ANIL SAXENA		
Phone/Fax	+91 76695 84409		
Details	CARDIOLOGY		
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	NA		
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	EXECUTIVE DIRECTOR
Employer name/business	ENGINEERS INSTITUTE OF TECHNOLOGY EIT RANGPUR		
Employer Address	ROBARTSONGANJ, RANGPUR 5400		
Phone Number	01862-062088		
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	FORTIS ESCORTS HEART INSTITUTE OKHLA ROAD, SUKHDEV VIHAR METRO STATION, NEW DELHI NEW DELHI DELHI. +91 76695 84409,		
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR ANIL SAXENA	MST SHAIKH MORSHEDA PIARY	
Address	OKHLA ROAD, SUKHDEV VIHAR METRO STATION, NEW DELHI NEW DELHI DELHI	HOUSE NO- 47, VIP ROAD NO 1/1 GUPTOPARA, KOTWALI METRO, RANGPUR	
Phone Number	+91 76695 84409	01732991732	
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 : BGDDV2E2F923

16-FEB-2023

Date : .....

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Applicant's signature (as in Passport)