



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV3529C23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	MUHAMMAD			
Given Name (As in Passport)	NUR			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	26-SEP-1983	Religion	ISLAM	
Place of Birth Town/City	KISHOREGONJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	4814217573413	Educational Qualification	HIGHER SECONDARY	
Visible identification marks	NO			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	EG0128582	Date of Issue (dd/mm/yyyy)	25-JUN-2020	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	24-JUN-2025	
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	SHAKUA BUYAN BARI KARIMGONJ KISHOREGONJ, BANGLADESH 2310	Phone No	01716910837	
		Mobile /Cell No	88001716910837	
		Email address	ISRATMIMJUL1999@GMAIL.COM	
Permanent Address	SHAKUA BUYAN BARI KARIMGONJ KISHOREGONJ			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOHAMMAD SHAHID UDDIN BUYAN ARZO MIA	BANGLADESH	BANGLADESH	KISHOREGONJ BANGLADESH
Mother's	FATAMA AKTER	BANGLADESH	BANGLADESH	KISHOREGONJ BANGLADESH
Spouse	TANIA AKTER DIPA	BANGLADESH	BANGLADESH	KISHOREGONJ BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



NUR MUHAMMAD

Web Registration Date : 23-FEB-2023 Application Id : BGDDV3529C23

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-MAR-2023
Port Of Arrival	BY ROAD AGARTALA	Port of Exit	BY ROAD AGARTALA
Required Detail of MEDICAL VISA			
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	VELLORE - 632 004, TAMIL NADU, INDIA		
Doctor Name	DR ARUN KUMAR L		
Phone/Fax	+91 94987 6000		
Details	PAEDIATRIC SUR		
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	VELLORE - 632 004, TAMIL NADU INDIA ,		
Cities in India Visited	VELLORE		
Type of Visa	MEDICAL VISA	Visa Number	VL5891098
Visa Issued Place	DHAKA	Date of Issue	27-OCT-2021
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	BUSINESS PERSON	Designation/Rank	
Employer name/business	MESARSA BHUIYAN ENTERPRISES		
Employer Address	NIAMOTPUR KISHOREGONJ		
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 CHRISTIAN MEDICAL COLLEGE, IDA SCUDDER RD, VELLORE VELLORE TAMIL NADU. 01921782140,		
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR ARUN KUMAR L	PROF DR MD JAHID HASSAIN BUHIYAN	
Address	VELLORE - 632 004, TAMIL NADU, INDIA VELLORE TAMIL NADU	HOUSE # 71/A ROAD # 5/A DHANMONDI R	
Phone Number	+91 94987 6000	01716910837	
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 : BGDDV3529C23

23-FEB-2023

Date :

 Applicant's signature (as in Passport)