



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV37D2E23

Signature

| A. Personal Particulars (As in Passport) | | | | |
|--|---|---|-----------------------|--------------------------|
| Surname (As in Passport) | RAHMAN | | | |
| Given Name (As in Passport) | MD OBaidUR | | | |
| Previous/other Name if any | Not Applicable | | | |
| Gender | MALE | Marital Status | MARRIED | |
| Date of Birth | 09-JAN-1960 | Religion | ISLAM | |
| Place of Birth Town/City | THAKURGAON | Country of Birth | BANGLADESH | |
| Citizenship /National ID No | 5547300201 | Educational Qualification | GRADUATE | |
| 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. | EB0145328 | Date of Issue (dd/mm/yyyy) | 27-JUN-2019 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 26-JUN-2024 | |
| 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 | POCHIM HAZIPARA WARD 05 THAKURGAON SADAR THAKURGAON, BANGLADESH 5100 | Phone No | 01717722344 | |
| | | Mobile /Cell No | 88001717722344 | |
| | | Email address | BALALHOSAN4@GMAIL.COM | |
| Permanent Address | POCHIM HAZIPARA WARD 05 THAKURGAON SADAR THAKURGAON | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | DOLILUR RAHMAN | BANGLADESH | BANGLADESH | THAKURGAON BANGLADESH |
| Mother's | MST AZIZUN NESA | BANGLADESH | BANGLADESH | THAKURGAON BANGLADESH |
| Spouse | MST NELUFA YESMIN | BANGLADESH | BANGLADESH | THAKURGAON BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |



MD OBaidUR RAHMAN

Web Registration Date : 26-FEB-2023 Application Id : BGDDV37D2E23

| 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 | 16-MAR-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 - 632 004, TAMIL NADU, INDIA | | |
| Doctor Name | DR TONY VARGHESE PANICKER | | |
| Phone/Fax | +91 94987 6000 | | |
| Details | NEUROSURGERY | | |
| 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 | VL4954910 |
| Visa Issued Place | DHAKA | Date of Issue | 09-MAR-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 | RETIRED | Designation/Rank | |
| Employer name/business | SONALI BANK LIMITED | | |
| Employer Address | THAKURGAON SADAR THAKURGAON | | |
| 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 - 632 004, TAMIL NADU, INDIA VELLORE TAMIL NADU. | | +91 94987 6000, |
| 2 | . | | |
| 3 | . | | |
| 4 | . | | |
| I. Details of Two Reference | | | |
| | In India | In BANGLADESH | |
| Name | DR TONY VARGHESE PANICKER | DR MD MAHFUZUR RAHMAN | |
| Address | VELLORE - 632 004, TAMIL NADU, INDIA VELLORE TAMIL NADU | SHER-E-BANGLA NAGAR, AGARGOAN, DHAKA | |
| Phone Number | +91 94987 6000 | 01880151655 | |
| 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 : BGDDV37D2E23

26-FEB-2023

Date :

 Applicant's signature (as in Passport)