



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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recent color photograph.
Size: 2" X 2"



Visa Application Form



BGDDV4310023

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		HOSSAIN		
Given Name (As in Passport)		MUHAMMAD GOLAM		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	08-OCT-1973	Religion	ISLAM	
Place of Birth Town/City	FARIDPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	4154476388	Educational Qualification	POST 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.	B00310049	Date of Issue (dd/mm/yyyy)	22-SEP-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	21-SEP-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	HOUSE - 581/4, DHAKA CANTONMENT	Phone No	01678601474	
	MANIKDI	Mobile /Cell No	8801678601474	
	DHAKA, BANGLADESH 1206	Email address	GHOSSAINRUHUL@GMAIL.COM	
Permanent Address	LAXMIPUR KOTWALI FARIDPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	WAZED ALI	BANGLADESH	BANGLADESH	FARIDPUR BANGLADESH
Mother's	MRS ZOHORA KHATUN	BANGLADESH	BANGLADESH	FARIDPUR BANGLADESH
Spouse	REHENA KHATUN	BANGLADESH	BANGLADESH	FARIDPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MUHAMMAD GOLAM HOSSAIN

Application Id : BGDDV4310023
Web Registration Date : 09-MAR-2023

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	24-MAR-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	APOLLO HOSPITALS		
Address	GREAMS LANE, 21, GREAMS RD, THOUSAND LIGHTS, CHENNI		
Doctor Name	DR PRAKASH K C		
Phone/Fax	+9144 2829 3333		
Details	UROLOGY		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	KOLKATA WEST BENGAL ,		
Cities in India Visited	KOLKATA, DELHI		
Type of Visa	TOURIST VISA	Visa Number	VK8609946
Visa Issued Place	DHAKA	Date of Issue	11-MAR-2018
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 :			
Present Occupation	LAWYER	Designation/Rank	MEMBER
Employer name/business	BANGLADESH SUPREME COURT BAR ASSOCIATION		
Employer Address	SHAHBAGH, DHAKA 1000		
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	APOLLO HOSPITAL GREAMS LANE, 21, GREAMS RD, THOUSAND LIGHTS, CHENNI CHENNAI TAMIL NADU. +9144 2829 3333,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR	REHENA KHATUN	
Address	GREAMS LANE, 21, GREAMS RD, THOUSAND LIGHTS, CHENNAI TAMIL NADU 600006 CHENNAI TAMIL NADU	NORTH MANIKDI, DHAKA CANTONMENT DHAKA- 1206	
Phone Number	+9144 2829 3333	0171731807	
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 : BGDDV4310023

09-MAR-2023

Date :

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Applicant's signature (as in Passport)