



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDV431EB23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RUBEL			
Given Name (As in Passport)	MD			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1978	Religion	ISLAM	
Place of Birth Town/City	DHAKA	Country of Birth	BANGLADESH	
Citizenship /National ID No	2611038876811	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.	EA0868957	Date of Issue (dd/mm/yyyy)	27-MAY-2019	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	26-MAY-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	ALEK MATABBAR BARI FAYADBAD SOUTH DHAKA, BANGLADESH 1230	Phone No	01813677976	
		Mobile /Cell No	8801813677976	
		Email address	GHOSSAINRUHUL@GMAIL.COM	
Permanent Address	ALEK MATABBAR BARI FAYADBAD SOUTH DHAKA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ALOMGIR	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Mother's	MST REHANA BEGUM	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Spouse	BINA AKTER	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD RUBEL

Application Id : BGDDV431EB23
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	MGM HEALTHCARE		
Address	NELSON MANICKAM RD, AMINJIKARAI, CHENNAI		
Doctor Name	DR PRASANNA KUMAR THOMAS		
Phone/Fax	+9144 4524 2407		
Details	PULMONARY MEDICINE		
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	VL3104001
Visa Issued Place	DHAKA	Date of Issue	06-AUG-2019
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	ROMAN MOTORS		
Employer Address Phone Number	ADOM ALI MARKET, SECTOR- 11, UTTARA, DHAKA 01827771981		
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	MGM HEALTHCARE NELSON MANICKAM RD, AMINJIKARAI, CHENNAI	CHENNAI TAMIL NADU.	+9144 4524 2407,
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR PRASANNA KUMAR THOMAS	BINA AKTER	
Address	NO 54, OLD, 72, NELSON MANICKAM RD, AMINJIKARAI CHENNAI, TAMIL NADU 600029 CHENNAI TAMIL NADU	ALEK MATABBAR BARI, FAYADBAD SOUTH DAKSHIN KHAN, DHAKA	
Phone Number	+9144 4524 2407	01826032825	
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 : BGDVV431EB23

09-MAR-2023

Date :

 Applicant's signature (as in Passport)