



सत्यमेव जयते

ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)

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

Visa Application Form



BGDSV0591823

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	SARKER			
Given Name (As in Passport)	TITAS			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	17-OCT-2019	Religion	HINDU	
Place of Birth Town/City	NETROKONA	Country of Birth	BANGLADESH	
Citizenship /National ID No	20197225007107725	Educational Qualification	NA BEING MINOR	
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.	B00226298	Date of Issue (dd/mm/yyyy)	21-AUG-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	20-AUG-2027	
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	JAHNAGIRPUR MODON JAHANGIRPUR NETROKONA, BANGLADESH 2400	Phone No		
		Mobile /Cell No	88001919579603	
		Email address	RSLIMON80@GMAIL.COM	
Permanent Address	JAHNAGIRPUR MODON JAHANGIRPUR NETROKONA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	BIKASH SARKER	BANGLADESH	BANGLADESH	NETROKONA BANGLADESH
Mother's	MOHARANI SARKER	BANGLADESH	BANGLADESH	NETROKONA BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 14-MAR-2023 Application Id : BGDSV0591823



TITAS SARKER

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	15-APR-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	VELLORE TAMIL NADU INDIA		
Doctor Name	DR KULKARNI UDAY PRAKASH		
Phone/Fax			
Details	HAEMATOLOGY PROBLEM		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	VELLORE TAMIL NADU		
Cities in India Visited	VELLORE TAMIL NADU		
Type of Visa	MEDICAL VISA	Visa Number	VL8030705
Visa Issued Place	SYLHET	Date of Issue	13-SEP-2022
Countries visited in last 10 years	INDIA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	DEPENDENT ON FATHER	Designation/Rank	FARMER
Employer name/business	FARMER		
Employer Address	JAHANGIRPUR MODON NETROKONA		
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	CMC VELLORE VELLORE TAMIL NADU. +91 9498760000,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	CHRISTIAN MEDICAL COLLEGE	BIKASH SARKER	
Address	VELLORE TAMIL NADU INDIA VELLORE TAMIL NADU	JAHNAGIRPUR MODON JAHANGIRPUR NETROKONA	
Phone Number	+91 9498760000	01919579603	
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 : BGDSV0591823

14-MAR-2023

Date :

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Applicant's signature (as in Passport)