



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV5CF0F23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	BEGUM			
Given Name (As in Passport)	MINARA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	10-APR-1961	Religion	ISLAM	
Place of Birth Town/City	NARAYANGANJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	4166029787	Educational Qualification	MATRICULATION	
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.	A06897748	Date of Issue (dd/mm/yyyy)	25-JAN-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	24-JAN-2028	
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	GOLAKANDAIL RUPGANJ BHULTA NARAYANGANJ, BANGLADESH 1462	Phone No	01777013349	
		Mobile /Cell No	88001777013349	
		Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	GOLAKANDAIL RUPGANJ BHULTA NARAYANGANJ			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOIZUDDIN BHUIYAN	BANGLADESH	BANGLADESH	NARAYANGANJ BANGLADESH
Mother's	TAFORUN NESA	BANGLADESH	BANGLADESH	NARAYANGANJ BANGLADESH
Spouse	MD DAUDUR RAHMAN	BANGLADESH	BANGLADESH	NARAYANGANJ BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MINARA BEGUM

Web Registration Date : 04-APR-2023 Application Id : BGDDV5CF0F23

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	19-APR-2023
Port Of Arrival	BY ROAD HARIDASPUR	Port of Exit	BY ROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HOSPITALS		
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA		
Doctor Name	DR AAFRIN SHABBIR		
Phone/Fax	+91 995288924		
Details	GENERAL MEDICINE		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	NO		
Address where You stayed in India	,		
Cities in India Visited			
Type of Visa		Visa Number	
Visa Issued Place		Date of Issue	
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	SON	Designation/Rank	
Employer name/business	MAYERA DOYA ENTARPRAIJ		
Employer Address	GOLAKANDAIL RUPGANJ		
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	GLENEAGLES GLOBAL HOSPITALS PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA CHENNAI TAMIL NADU. +91 9952889244,		
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR AAFRIN SHABBIR	DR M ALI	
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA CHENNAI TAMIL NADU	PLOT 81, BLOCK-E, BASHUNDHARA RD, DHAKA	
Phone Number	+91 995288924	01777013349	
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 : BGDDV5CF0F23

04-APR-2023

Date :

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Applicant's signature (as in Passport)