



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDV5CFBE23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ZEBA			
Given Name (As in Passport)	NASRIN			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1981	Religion	ISLAM	
Place of Birth Town/City	DHAKA	Country of Birth	BANGLADESH	
Citizenship /National ID No	5521228014	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.	EE0174919	Date of Issue (dd/mm/yyyy)	10-OCT-2019	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	09-OCT-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	154/1CRESCENT ROAD DHAKA DHAKA, BANGLADESH 1209	Phone No	01979307290	
		Mobile /Cell No	88001979307290	
		Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	KHALISHADHA BONWARINAGAR FARIDPUR PABNA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	A Z MD NASIMUZZAMAN	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Mother's	HAMIDA ZAMAN	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Spouse	MOHAMAD RASHED SHEAK	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



NASRIN ZEBA

Web Registration Date : 04-APR-2023 Application Id : BGDDV5CFBE23

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	CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU		
Doctor Name	DR DINESH NAYAK		
Phone/Fax	+91 9952889244		
Details	NEUROLOGY		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	LOWER RANGE, BECK BAGAN, BALLYGUNGE KOLKATA, WEST BENGAL , INDIA		
Cities in India Visited	KOLKATA		
Type of Visa	TOURIST VISA	Visa Number	VK7330497
Visa Issued Place	DHAKA	Date of Issue	12-NOV-2017
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	DHRUPOD COMMUNICATIONS		
Employer Address	154/1CRESCENT ROAD KOLABAGEN DHAKA		
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 DINESH NAYAK	DR A F M HELAL UDDIN	
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU CHENNAI TAMIL NADU	32 BIR UTTAM SHAFIULLAH SARAK, GREE	
Phone Number	+91 9952889244	01714332188	
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 : BGDDV5CFBE23

04-APR-2023

Date :

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Applicant's signature (as in Passport)