

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form

Signature



A. Personal Particulars (As in Passport) Surname (As in Passport) AKTER	BGDDV5D5AC23									
Surname (As in Passport)	A Personal Pa	articular	e (Ae in Pa	senort)						
Given Name (As in Passport) Previous/other Name if any Gender FEMALE Marital Status MARRIED Date of Birth Os-DeC-1991 Religion ISLAM Place of Birth Town/City FENI Country of Birth BANGLADESH Citizenship /National ID No 5077039310 Educational Qualification HIGHER SECONDARY 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. A04729359 Date of Issue (dd/mm/yyyy) 20-SEP-2022 Place of Issue DHAKA Date of Expiry (dd/mm/yyyy) 19-SEP-2032 Any other Passport/Identity Certificate held (if yes ,please fill in the following) NO Country of Issue Passport/IC No. Date of Issue (dd/mm/yyyy) No Country of Issue Passport/IC No. Da		i '								
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	Mother's	Mother's ALEYA BEGUM			BANG	LADESH	BANGLADESH		1	
	Spouse	pouse MD ABDUR RAHMAN		MAN	BANG	LADESH	BAN	IGLADESH	1	1 = 1

Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area: NO



E. Details of Visa Sought	(Visa	a shall be valid from the Dat	e of Issue and not from the	Date of	Journey)			
Type Of Visa Required MED		ICAL VISA	No of Entries	MULTIPLE				
Period of Visa (Month) 12 I		onth	Expected Date of Journey	18-APF	R-2023			
Port Of Arrival	BY R	OAD AGARTALA	Port of Exit	BY RO	AD AGARTALA			
Required Detail of M	EDIC	AL VISA						
Hospital Name GLE		ENEAGLES GLOBAL HEALTH CITY						
Address PER		RUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA						
Doctor Name DR		ASHWIN KARUPPAN						
Phone/Fax	+91	9952889244						
Details	MED	DICINE						
Purpose of Visit: FOR P	ATIE	NTS						
F. Previous Visit Details								
Have You Ever visited Inc	dia ?	NO						
Address where You staye India	ed in	,						
Cities in India Visited								
Type of Visa		Visa Number						
Visa Issued Place			Date of Issue					
Countries visited in last 1 years	0	NO						
Have you been refused a from India?	n Indi	an Visa or extension of the same previously or deported			NO			
G. Profession/Occupation I	Details	s : of Spouse						
Present Occupation		OUSE WIFE Designation/Rank			ASSISTANT			
Employer name/business		MINISTRY OF AGRICULTURE						
Employer Address Phone Number		LABORATORY BUILDING FARMGATE DHAKA						
Past occupation if any								
Are/have you worked with	Armed	d forces/ Police/ Para Military forces ?			NO			
Organization			Designation					
Place of Posting			Rank					
H. Address of Place of Stay	/ Hot	el						
Place/Hotel Name Address of Place / Hotel State Phone No					Phone No			
1 GLENEAGLES GLOBAL +91 9952889244,	HEAL	TH CITY PERUMBAKKAM, C	HENNAI, TAMIL NADU 60010	0, INDIA	CHENNAI TAMIL NADU.			
2 .,								
3 .,								
4								

I. Details of Two Reference

In I	ndia	In BANGLADESH			
Name	DR ASHWIN KARUPPAN	DR TAHERA KHATUN			
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA CHENNAI TAMIL NADU	NEW AIRPORT ROAD, KURMITOLA, DHAKA			
Phone Number	+91 9952889244	01620386022			

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.

	04-APR-2023	
Date:		Applicant's signature (as in Passport)