



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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Visa Application Form



BGDDV6288023

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ISTIAK			
Given Name (As in Passport)	MD AKHIB			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	29-SEP-1993	Religion	ISLAM	
Place of Birth Town/City	LALMONIRHAT	Country of Birth	BANGLADESH	
Citizenship /National ID No	9115361280	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.	A01588757	Date of Issue (dd/mm/yyyy)	02-MAR-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	01-MAR-2033	
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	PLOT 671/53,ROAD 03, MOHAMMADPUR DHAKA, BANGLADESH 5520	Phone No	01715063502	
		Mobile /Cell No	88001715063502	
		Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	TALUK BANI NAGAR KAUGANJ MEHER NAGAR LALMONIRHAT			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD MAHSIN ALI	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Mother's	MOST SHARIFA AKTAR BANU	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Spouse	TANJINA AKTER	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD AKHIB ISTIAK

Application Id : BGDDV6288023
Web Registration Date : 10-APR-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	26-APR-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HOSPITALS		
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA		
Doctor Name	DR KESAVAN A R		
Phone/Fax	+91 9952889244		
Details	ORTHOPEDECS		
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	POLICE	Designation/Rank	S P B N
Employer name/business	BANGLADESH POLICE		
Employer Address	BANGLADESH POLICE HEADQUARTERS, 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 KESAVAN A R	DR MASUDUR RAHMAN	
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA CHENNAI TAMIL NADU	2, DHAKA 1000	
Phone Number	+91 9952889244	01715063502	
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 : BGDDV6288023

10-APR-2023

Date :

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Applicant's signature (as in Passport)