



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV6357D23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	KHAN			
Given Name (As in Passport)	MD ABUL HASHEM			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	26-MAR-1966	Religion	ISLAM	
Place of Birth Town/City	CUMILLA	Country of Birth	BANGLADESH	
Citizenship /National ID No	6896582696	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.	A07179673	Date of Issue (dd/mm/yyyy)	07-MAR-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	06-MAR-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	FAROOQ KHAN HOUSE KAJIATOL MURADNAGAR KAJIATOL CUMILLA, BANGLADESH 3540	Phone No	01921503864	
		Mobile /Cell No	88001921503864	
		Email address	BALALHOSAN4@GMAIL.COM	
Permanent Address	FAROOQ KHAN HOUSE KAJIATOL MURADNAGAR KAJIATOL CUMILLA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD SIDDIQUR RAHMAN KHAN	BANGLADESH	BANGLADESH	CUMILLA BANGLADESH
Mother's	NURJAHAN BEGUM	BANGLADESH	BANGLADESH	CUMILLA BANGLADESH
Spouse	SHAHIDA BEGUM	BANGLADESH	BANGLADESH	CUMILLA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD ABUL HASHEM KHAN

Web Registration Date : 11-APR-2023 Application Id : BGDDV6357D23

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	24-APR-2023
Port Of Arrival	BY ROAD HARIDASPUR	Port of Exit	BY ROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	SUSHRUT HOSPITAL		
Address	SWASTIK PARK, CHEMBUR (EAST), MUMBAI, MAHARASHTRA		
Doctor Name	DR S H ADVANI		
Phone/Fax	09821157706		
Details	ONCOLOGY		
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	FARMER	Designation/Rank	
Employer name/business	FARMER		
Employer Address	FAROOQ KHAN HOUSE KAJIATOL MURADNAGAR		
Phone Number	KAJIATOL		
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	SUSHRUT HOSPITAL SWASTIK PARK, CHEMBUR (EAST), MUMBAI, MAHARASHTRA		MUMBAI MAHARASHTRA.
2	09821157706,		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR S H ADVANI	DR ISLAM U CHOWDHURY	
Address	SWASTIK PARK, CHEMBUR (EAST), MUMBAI, MAHARASHTRA MUMBAI MAHARASHTRA	SECTION 14 MIRPUR DHAKA 1206	
Phone Number	09821157706	01921503864	
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 : BGDDV6357D23

11-APR-2023

Date :

.....
Applicant's signature (as in Passport)