



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDV7486B23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	MIA			
Given Name (As in Passport)	MD BELAL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	01-JUN-2015	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	20158597502749145	Educational Qualification	OTHERS	
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.	A07256325	Date of Issue (dd/mm/yyyy)	19-MAR-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	18-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	UTTAM BAWOAI PARA, WORD-02 HAZIRHAT RANGPUR, BANGLADESH 5400	Phone No	01722210757	
		Mobile /Cell No	8801722210757	
		Email address	RAFIKNEEL@GMAIL.COM	
Permanent Address	UTTAM BAWOAI PARA, WORD-02 HAZIRHAT RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	ABUL BASHAR	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST BEAUTY BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD BELAL MIA

Web Registration Date : 07-MAY-2023 Application Id : BGDDV7486B23

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	23-MAY-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	RAINBOW CHILDRENS HOSPITAL		
Address	SRI NAGAR COLONY, BANJARA HILLS, HYDERABAD		
Doctor Name	DR K NAGESWARA RAO		
Phone/Fax	9355400359		
Details	PEDIATRIC CARDIOLOGY		
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	NA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	DEPEND ON FATHER	Designation/Rank	AGRICULTURE
Employer name/business	FARMER		
Employer Address	UTTAM BAWOAIPARA, HAZIRHAT, RANGPUR		
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	RAINBOW CHILDRENS HOSPITAL SRI NAGAR COLONY, BANJARA HILLS, HYDERABAD HYDERABAD TELANGANA. 9355400359,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR K NAGESWARA RAO	ABUL BASHAR	
Address	ROAD NUMBER 2, NEAR HOTEL PARK HYATT SRI NAGAR COLONY, BANJARA HILLS, HYDERABAD HYDERABAD TELANGANA	UTTAM BAWOAIPARA, HAZIRHAT RANGPUR	
Phone Number	9355400359	01722210757	
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 : BGDDV7486B23

07-MAY-2023

Date :

Applicant's signature (as in Passport)