



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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

## Visa Application Form



BGDDVA8F4423

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	NAHER			
Given Name (As in Passport)	SHAMSUN			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	01-FEB-1974	Religion	ISLAM	
Place of Birth Town/City	MYMENSINGH	Country of Birth	BANGLADESH	
Citizenship /National ID No	1592836515020	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.	B00521092	Date of Issue ( dd/mm/yyyy )	21-JUL-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	20-JUL-2032	
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	NANDAN HOUSING AKBAR SHA CTO CHITTAGONG, BANGLADESH 4207	Phone No	01711812056	
		Mobile /Cell No	8801711812056	
		Email address	RAFIKNEEL@GMAIL.COM	
Permanent Address	AKUA MORAL BARI, KOTWALI MYMENSINGH SADAR MYMENSINGH			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SHAMSUDDIN AHMED	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Mother's	JAMILA KHATUN	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Spouse	MOSHIUR RAHAMAN	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



SHAMSUN NAHER

Web Registration Date : 20-JUN-2023 Application Id : BGDDVA8F4423

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	08-JUL-2023
Port Of Arrival	BY ROAD HARIDASPUR	Port of Exit	BY ROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	CHRISTIAN MEDICAL COLLEGE VELLORE		
Address	IDA SCUDDER ROAD, VELLORE - 632004 TAMIL NADU		
Doctor Name	DR PRATHEESH GEORGE MATHEN		
Phone/Fax	+919498760000		
Details	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	KINGDOM OF SAUDI ARABIA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	AGRICULTURE
Employer name/business	FARMER		
Employer Address	NANDAN HOUSING, AKBAR SHA CTO, CHITTAGONG		
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	CHRISTIAN MEDICAL COLLEGE VELLORE IDA SCUDDER ROAD, VELLORE - 632004 TAMIL NADU CHENNAI TAMIL NADU. +919498760000,		
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR PRATHEESH GEORGE MATHEN	MOSHIUR RAHAMAN	
Address	IDA SCUDDER ROAD, VELLORE - 632004 TAMIL NADU CHENNAI TAMIL NADU	AKUA MORAL PARA, MYMENSINGH SADAR MYMENSINGH	
Phone Number	+919498760000	01711812056	
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 : BGDDVA8F4423

20-JUN-2023

Date : .....

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