



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDVBFAE823

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		APU		
Given Name (As in Passport)		NILOY KUMAR		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	SINGLE	
Date of Birth	14-JUN-2004	Religion	HINDU	
Place of Birth Town/City	DINAJPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	6018290889	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.	A11046375	Date of Issue (dd/mm/yyyy)	21-JUN-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	20-JUN-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	NACHUGRAM BIRAL DINAJPUR, BANGLADESH 5226	Phone No	01518960032	
		Mobile /Cell No	8801518960032	
		Email address	NILOYROY968@GMAIL.COM	
Permanent Address	NACHUGRAM BIRAL DINAJPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	ANONTO MOHON ROY	BANGLADESH	BANGLADESH	DINAJPUR BANGLADESH
Mother's	NILIMA RANI ROY	BANGLADESH	BANGLADESH	DINAJPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 15-JUL-2023 Application Id : BGDDVBFAE823



NILOY KUMAR APU

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	25-AUG-2023
Port Of Arrival	BY ROAD PHULBARI	Port of Exit	BY ROAD PHULBARI
Required Detail of	MEDICAL VISA		
Hospital Name	FORTIS HOSPITAL, ANANDAPUR		
Address	EAST KOLKATA TWP, KOLKATA, WEST BENGAL		
Doctor Name	DR SNEHASIS BASU		
Phone/Fax	+91 98730 31410		
Details	OPHTHALMATOLOGY		
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 : of Father			
Present Occupation	STUDENT	Designation/Rank	CONSTABLE
Employer name/business	BANGLADESH POLICE		
Employer Address			
Phone Number	KOTWALI METTRO, RANGPUR		
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	FORTIS HOSPITAL ANANDAPUR ANANDAPUR, EAST KOLKATA TWP, KOLKATA KOLKATA WEST BENGAL. +91 98730 31410,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR SNEHASIS BASU	ANONTO MOHON ROY	
Address	730, EASTERN METROPOLITAN BYPASS, ANANDAPUR EAST KOLKATA TWP, KOLKATA KOLKATA WEST BENGAL	NACHUGRAM, BIRAL, DINAJPUR	
Phone Number	+91 98730 31410	01717974733	
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 : BGDDVBFAE823

15-JUL-2023

Date :

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Applicant's signature (as in Passport)