

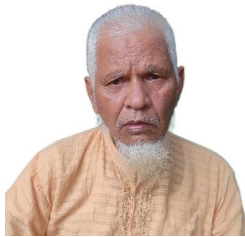


सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form

Signature



BGDDVD54F723

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	MIA			
Given Name (As in Passport)	MD ABDUL QUDDUS			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	20-AUG-1953	Religion	ISLAM	
Place of Birth Town/City	SHERPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	8913743794155	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.	A11326440	Date of Issue (dd/mm/yyyy)	12-JUL-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	11-JUL-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	KARAGAON JHINAIGATI SHERPUR, BANGLADESH 2130	Phone No	01853440576	
		Mobile /Cell No	8801853440576	
		Email address	KABIRHOSEN.JU@GMAIL.COM	
Permanent Address	KARAGAON JHINAIGATI SHERPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SAYDUR RAHMAN	BANGLADESH	BANGLADESH	SHERPUR BANGLADESH
Mother's	MOYJAN BIBI	BANGLADESH	BANGLADESH	SHERPUR BANGLADESH
Spouse	MST MONOWARA BEGUM	BANGLADESH	BANGLADESH	SHERPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD ABDUL QUDDUS MIA

Web Registration Date : 01-AUG-2023 Application Id : BGDDVD54F723

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	14-AUG-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	ARTEMIS HOSPITAL GURGAON		
Address	SECTOR 51, GURUGRAM, BINDAPUR, HARYANA		
Doctor Name	DR SUMIT SINGH		
Phone/Fax	+911244511111		
Details	NEUROLOGY		
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	SAUDI ARABIA		
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	AGRICULTURE		
Employer Address Phone Number	KARAGAON, JHINAIGATI, SHERPUR		
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	ARTEMIS HOSPITAL GURGAON SECTOR 51, GURUGRAM, BINDAPUR, HARYANA GURGAON HARYANA. +911244511111,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR SUMIT SINGH	KABIR HOSEN	
Address	SECTOR 51, GURUGRAM, BINDAPUR HARYANA 122001 GURGAON HARYANA	KARAGAON JHINAIGATI SHERPUR	
Phone Number	+911244511111	01838-000888	
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 : BGGDDVD54F723

01-AUG-2023

Date :

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Applicant's signature (as in Passport)