



सत्यमेव जयते

# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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



## Visa Application Form

Signature



BGDDVFD03823

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	MOLLAH			
Given Name (As in Passport)	MD AKTER HOSSAIN			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	21-MAY-1972	Religion	ISLAM	
Place of Birth Town/City	MUNSHIGANJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	2367550379	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.	A11736349	Date of Issue ( dd/mm/yyyy )	09-AUG-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	08-AUG-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	HAT BALIGAON TONGIBARI MUNSHIGANJ, BANGLADESH 1522	Phone No	01792697350	
		Mobile /Cell No	8801792697350	
		Email address	LATAKABIR612@GMAIL.COM	
Permanent Address	HAT BALIGAON TONGIBARI MUNSHIGANJ			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	ABDUL JABBAR MOLLA	BANGLADESH	BANGLADESH	MUNSHIGANJ BANGLADESH
Mother's	ABEDA BEGUM	BANGLADESH	BANGLADESH	MUNSHIGANJ BANGLADESH
Spouse	SALMA BEGUM	BANGLADESH	BANGLADESH	MUNSHIGANJ BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 01-SEP-2023 Application Id : BGDDVFD03823



MD AKTER HOSSAIN MOLLAH

<b>E. Details of Visa Sought</b> (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	20-OCT-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of <b>MEDICAL VISA</b>			
Hospital Name	NARAYANA INSTITUTE OF CARDIAC SCIENCES		
Address	BOMMASANDRA INDUSTRIAL AREA, BENGALURU, KARNATAKA		
Doctor Name			
Phone/Fax	+91 80675 06870		
Details	CARDIOLOGY		
Purpose of Visit : FOR PATIENTS			
<b>F. Previous Visit Details</b>			
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			
<b>G. Profession/Occupation Details :</b>			
Present Occupation	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	AL AMIN STORE		
Employer Address Phone Number	BALIGAON BAZAR, MUNSHIGANJ		
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?			NO
Organization		Designation	
Place of Posting		Rank	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	NARAYANA INSTITUTE OF CARDIAC SCIENCES BOMMASANDRA INDUSTRIAL AREA, BENGALURU BANGALORE KARNATAKA. +91 80675 06870,		
2	.		
3	.		
4	.		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	JIM BROWN CLEMENTS	SALMA BEGUM	
Address	258/A, HOSUR ROAD ANEKAL, TALUK BOMMASANDRA INDUSTRIAL AREA, BENGALURU BANGALORE KARNATAKA	HAT BALIGAON, TONGIBARI  MUNSHIGANJ	
Phone Number	+91 80675 06870	01792697350	
<b>K. DECLARATION</b>			
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 : BGDDVFD03823

01-SEP-2023

Date : .....

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