



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

Paste your unsigned
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Visa Application Form



BGDDVFDE9823

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	MIA			
Given Name (As in Passport)	MD RATON			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-APR-1969	Religion	ISLAM	
Place of Birth Town/City	NARAYANGANJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	9130012678	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.	A07647697	Date of Issue (dd/mm/yyyy)	30-APR-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	29-APR-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	CHOWDHURY PARA ARAIHAZAR NARAYANGANJ, BANGLADESH 1450	Phone No	01792697354	
		Mobile /Cell No	8801792697354	
		Email address	TOFAELAHMED867@GMAIL.COM	
Permanent Address	CHOWDHURY PARA ARAIHAZAR NARAYANGANJ			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	HOSSAIN ALI FOKIR	BANGLADESH	BANGLADESH	NARAYANGANJ BANGLADESH
Mother's	ASIA KHATUN	BANGLADESH	BANGLADESH	NARAYANGANJ BANGLADESH
Spouse	NASIMA AKTER	BANGLADESH	BANGLADESH	NARAYANGANJ BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD RATON MIA

Web Registration Date : 02-SEP-2023 Application Id : BGDDVFDE9823

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	13-OCT-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	GLENEAGLES GLOBAL HEALTH CITY		
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR MURUGANANDHAM K		
Phone/Fax	+91 4444777000		
Details	UROLOGY		
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	DHAKA BAKERY		
Employer Address Phone Number	SHOTIBARI, DURGAPUR, MITHAPUKUR, 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	GLENEAGLES GLOBAL HEALTH CITY CHERAN NAGAR, PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU. +91 4444777000,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR MURUGANANDHAM K	NASIMA AKTER	
Address	439, SHOLINGANALLUR, CHERAN NAGAR, PERUMBAKKAM CHENNAI, TAMIL NADU 600100 CHENNAI TAMIL NADU	ARAIHAZAR BAZAR, ARAIHAZAR NARAYANGANJ	
Phone Number	+91 4444777000	01792697354	
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 : BGDDVFE9823

02-SEP-2023

Date :

 Applicant's signature (as in Passport)