



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)



Visa Application Form

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

BGDDW084F323

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	SARKER			
Given Name (As in Passport)	MD FARUK HOSSAIN			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	30-OCT-1981	Religion	ISLAM	
Place of Birth Town/City	KURIGRAM	Country of Birth	BANGLADESH	
Citizenship /National ID No	3706606971	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.	A05692345	Date of Issue (dd/mm/yyyy)	09-NOV-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	08-NOV-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	HOUSE #15/1, ROAD #01, KERANIPARA KOTWALI METRO RANGPUR, BANGLADESH 5400	Phone No	01614820544	
		Mobile /Cell No	880161482054	
		Email address	FARUKHOS544@GMAIL.COM	
Permanent Address	KALPANI BOZRA, WARD NO- 01 ULIPUR KURIGRAM			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SHAFIUL HAQUE SARKER	BANGLADESH	BANGLADESH	KURIGRAM BANGLADESH
Mother's	MRS FATEMA KHATUN	BANGLADESH	BANGLADESH	KURIGRAM BANGLADESH
Spouse	LINA BEGUM	BANGLADESH	BANGLADESH	KURIGRAM BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 11-SEP-2023 Application Id : BGDDW084F323



MD FARUK HOSSAIN SARKER

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-OCT-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	MANIPAL HOSPITAL		
Address	98, HAL OLD AIRPORT RD, KODIHALLI, BENGALURU		
Doctor Name	DR PANKAJ S		
Phone/Fax	+91 18001024647		
Details	INTERNAL MEDICINE		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	KOLKATA WEST BENGAL ,		
Cities in India Visited	KOLKATA		
Type of Visa	MEDICAL VISA	Visa Number	VL8941234
Visa Issued Place	DHAKA	Date of Issue	14-DEC-2022
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	GOVERNMENT SERVICE	Designation/Rank	BENCH ASSISTANT
Employer name/business	RANGPUR JUDGE COURT		
Employer Address Phone Number	RANGPUR SADAR, 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	MANIPAL HOSPITAL 98, HAL OLD AIRPORT RD, KODIHALLI, BENGALURU BANGALORE KARNATAKA. +91 18001024647,		
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR PANKAJ S	LINA BEGUM	
Address	98, HAL OLD AIRPORT RD, KODIHALLI, BENGALURU BANGALORE KARNATAKA	KERANIPARA, KOTWALI METRO RANGPUR	
Phone Number	+91 18001024647	01722647874	
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.			

11-SEP-2023

Date :

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Applicant's signature (as in Passport)

Application Id : BGDDW084F323