



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)



Visa Application Form

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

BGDDW0A2EB23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RAHAMAN			
Given Name (As in Passport)	AKLASUR			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1984	Religion	ISLAM	
Place of Birth Town/City	PIROJPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	1934032408	Educational Qualification	POST 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.	EE0831106	Date of Issue (dd/mm/yyyy)	25-JAN-2020	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	24-JAN-2025	
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	SOBHANBAG SAVAR DHAKA, BANGLADESH 1340	Phone No	01928503593	
		Mobile /Cell No	8801928503593	
		Email address	AKLASUR.RIAD@GMAIL.COM	
Permanent Address	MAGURA MUNSHIBARI, 09 NO- WARD NESARABAD PIROJPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MAHABOBUR RAHAMAN	BANGLADESH	BANGLADESH	PIROJPUR BANGLADESH
Mother's	AFROJA JAHAN	BANGLADESH	BANGLADESH	PIROJPUR BANGLADESH
Spouse	SALMA AKTER	BANGLADESH	BANGLADESH	BRAHMANBARIA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Application Id : BGDDW0A2EB23
Web Registration Date : 12-SEP-2023

AKLASUR RAHAMAN

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	22-OCT-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	FORTIS HOSPITAL, ANANDAPUR		
Address	ANANDAPUR, EAST KOLKATA TWP, KOLKATA		
Doctor Name	DR JOYDEEP GHOSH		
Phone/Fax	+91 1244921021		
Details	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	VL9560209
Visa Issued Place	DHAKA	Date of Issue	13-APR-2023
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	PRIVATE SERVICE	Designation/Rank	RELATIONSHIP MANAGER
Employer name/business	ICB ISLAMIC BANK LIMITED		
Employer Address Phone Number	13 KAZI NAZRUL ISLAM AVENUE, KAWRAN BAZAR, DHAKA		
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, EAST KOLKATA TWP, KOLKATA KOLKATA WEST BENGAL. +91 1244921021,		
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR JOYDEEP GHOSH	SALMA AKTER	
Address	730, EASTERN METROPOLITAN BYPASS ANANDAPUR, EAST KOLKATA TWP, KOLKATA KOLKATA WEST BENGAL	MASHROOM DEVELOPMENT INSTITUTE SAVAR, DHAKA	
Phone Number	+91 1244921021	01984188243	
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 : BGDDW0A2EB23

12-SEP-2023

Date :

Applicant's signature (as in Passport)