



सत्यमेव जयते

# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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



## Visa Application Form



BGDDW1008C23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ISLAM			
Given Name (As in Passport)	MD SHORIFUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	14-NOV-1978	Religion	ISLAM	
Place of Birth Town/City	PANCHAGARH	Country of Birth	BANGLADESH	
Citizenship /National ID No	9133028085	Educational Qualification	HIGHER SECONDARY	
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.	A11821092	Date of Issue ( dd/mm/yyyy )	21-AUG-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	20-AUG-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	SOBUJPARA, JOSIMPUR, WORD NO-09	Phone No	01718562091	
	BODA	Mobile /Cell No	8801718562091	
	PANCHAGARH, BANGLADESH 5020	Email address	SAZZADPMC@GMAIL.COM	
Permanent Address	SOBUJPARA, JOSIMPUR, WORD NO-09 BODA PANCHAGARH			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD IBRAHIM	BANGLADESH	BANGLADESH	PANCHAGARH BANGLADESH
Mother's	MST SALIMA BANU	BANGLADESH	BANGLADESH	PANCHAGARH BANGLADESH
Spouse	MST AFTABUN NAHAR	BANGLADESH	BANGLADESH	PANCHAGARH BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD SHORIFUL ISLAM

Web Registration Date : 17-SEP-2023 Application Id : BGDDW1008C23

<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	25-OCT-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of <b>MEDICAL VISA</b>			
Hospital Name	FORTIS HOSPITAL, ANANDAPUR		
Address	ANANDAPUR, EAST KOLKATA TWP, KOLKATA		
Doctor Name	DR JAYESH KUMAR JHA		
Phone/Fax	+91 1244921021		
Details	SURGICAL ONCOLOGY		
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	FARMER	Designation/Rank	
Employer name/business	AGRICULTURE		
Employer Address Phone Number	SOBUJPARA, BODA, PANCHAGARH		
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	FORTIS HOSPITAL ANANDAPUR, EAST KOLKATA TWP, KOLKATA KOLKATA WEST BENGAL. +91 1244921021,		
2	.		
3	.		
4	.		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	DR JAYESH KUMAR JHA	MST AFTABUN NAHAR	
Address	730, EASTERN METROPOLITAN BYPASS ANANDAPUR, EAST KOLKATA TWP, KOLKATA KOLKATA WEST BENGAL	VAULAGANJ, WORD NO- 01, DEBIGANJ  PANCHAGARH	
Phone Number	+91 1244921021	01718562091	
<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 : BGGDW1008C23

17-SEP-2023

Date : .....

Applicant's signature (as in Passport)