



सत्यमेव जयते

ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)

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Visa Application Form



BGDSV24BB223

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	AHMED			
Given Name (As in Passport)	SHAMIM			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	11-AUG-1978	Religion	ISLAM	
Place of Birth Town/City	MYMENSINGH	Country of Birth	BANGLADESH	
Citizenship /National ID No	2377133893	Educational Qualification	HIGHER SECONDARY	
Visible identification marks	NIL			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	A00080182	Date of Issue (dd/mm/yyyy)	09-DEC-2020	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	08-DEC-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	CHORPARA TARAKANDA MYMENSINGH, BANGLADESH 2252	Phone No	01609074435	
		Mobile /Cell No	8801609074435	
		Email address	AZAHAR111@GMAIL.COM	
Permanent Address	CHARPARA TARAKANDA MYMENSINGH			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	FAZLUL HAQUE SARKER	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Mother's	ROKEYA BEGUM	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



SHAMIM AHMED

Web Registration Date : 05-NOV-2023 Application Id : BGDSV24BB223

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	30-JAN-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	MANIPAL HOSPITAL		
Address	OID AIRPORT ROAD		
Doctor Name	DR ABHINAV RAINA		
Phone/Fax			
Details	NEUROLOGY		
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	NO		
Have you been refused an Indian Visa or extension of the same previously or deported from India ? NO			
G. Profession/Occupation Details :			
Present Occupation	FOREIGN WORKER	Designation/Rank	WARKER
Employer name/business	AL JAL COMPANI		
Employer Address	SAUDI		
Phone Number			
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 OLD AIRPORT ROAD BANGALORE KARNATAKA. +91 9741203399,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	MANIPAL HOSPITAL	TAHMINA AKTER	
Address	OID AIRPORT ROAD BANGALORE KARNATAKA	CHARPARA TARAKANDA MYMENSINGH	
Phone Number	+9158658457	01625517676	
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.			

05-NOV-2023

Date :

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Applicant's signature (as in Passport)

Application Id : BGDV24BB223