



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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Size: 2" X 2"

## Visa Application Form



BGDDV2A99924

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	BANU			
Given Name (As in Passport)	MOST AMBEYA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	28-SEP-1996	Religion	ISLAM	
Place of Birth Town/City	NAOGAON	Country of Birth	BANGLADESH	
Citizenship /National ID No	7337655513	Educational Qualification	HIGHER SECONDARY	
Visible identification marks	NO			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	A11333956	Date of Issue ( dd/mm/yyyy )	19-JUL-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	18-JUL-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	SOUTH ANANDA NAGAR, BADDA GULSHAN DHAKA, BANGLADESH 1212	Phone No	01310521400	
		Mobile /Cell No	8801310521400	
		Email address	MDSOJIBISLAM2153@GMAIL.COM	
Permanent Address	SRIRAMPUR, ATRAI SHAHAGOLA NAOGAON			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ANISAR SARDER	BANGLADESH	BANGLADESH	NAOGAON BANGLADESH
Mother's	MST JHARNA BIBI	BANGLADESH	BANGLADESH	NAOGAON BANGLADESH
Spouse	MD REZAUL ISLAM	BANGLADESH	BANGLADESH	NAOGAON BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 31-JAN-2024 Application Id : BGDDV2A99924



MOST AMBEYA BANU

<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	19-FEB-2024
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR
<b>Required Detail of MEDICAL VISA</b>			
Hospital Name	FORTIS HOSPITAL ANANDAPUR		
Address	EAST KOLKATA TWP, KOLKATA, WEST BENGAL		
Doctor Name	DR APARAJITA CHATTERJEE		
Phone/Fax	919873031410		
<b>Details</b>			
Residence Hospital Name	RAJSHAHI MEDICAL COLLEGE HOSPITAL		
Residence Address	RAJSHAHI MEDICAL COLLEGE HOSPIT		
Residence Doctor Name			
Residence Phone/Fax			
Medical Certificate No			
Residence Email			
Email			
<b>Purpose of Visit : FOR PATIENTS</b>			
<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			
Have you been refused an Indian Visa or extension of the same previously or deported from India ? NO			
<b>G. Profession/Occupation Details : of Spouse</b>			
Present Occupation	HOUSE WIFE	Designation/Rank	OFFICE ASSISTANT
Employer name/business	SOFTANIS COMPANY LTD		
Employer Address	HOUSE- 31, ROAD- 08, SEC- 12, UTTARA, DHAKA		
Phone Number			
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, WEST BENGAL KOLKATA WEST BENGAL.		919873031410,
2	. ,		
3	. ,		
4	. ,		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	FORTIS HOSPITAL, ANANDAPUR	MD REZAUL ISLAM	
Address	EAST KOLKATA TWP, KOLKATA, WEST BENGAL KOLKATA WEST BENGAL	SRIRAMPUR, ATRAI, SHAHAGOLA NAOGAON	
Phone Number	919873031410	01310521400	
<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 : BGDDV2A99924

31-JAN-2024

Date : .....

 .....  
 Applicant's signature (as in Passport)