



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDV8D2A824

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ROY			
Given Name (As in Passport)	SADHANA RANI			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	11-APR-1974	Religion	HINDU	
Place of Birth Town/City	DINAJPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	2715694940062	Educational Qualification	MATRICULATION	
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.	A14538928	Date of Issue (dd/mm/yyyy)	13-MAR-2024	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	12-MAR-2029	
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	245, TEJKUNI PARA TEJGAON DHAKA, BANGLADESH 1215	Phone No	01538139556	
		Mobile /Cell No	8801538139556	
		Email address	KOUSHALAROY4@GMAIL.COM	
Permanent Address	PANIGAW, KAHAROLE RANGAON BULIYA BAZAR DINAJPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	BANGRU CHONDRA ROY	BANGLADESH	BANGLADESH	DINAJPUR BANGLADESH
Mother's	KOMAL BALA	BANGLADESH	BANGLADESH	DINAJPUR BANGLADESH
Spouse	MONMOHAN ROY	BANGLADESH	BANGLADESH	DINAJPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



SADHANA RANI ROY

Web Registration Date : 18-APR-2024 Application Id : BGDDV8D2A824

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	15-MAY-2024
Port Of Arrival	BY ROAD PHULBARI/RANIGANJ	Port of Exit	BY ROAD PHULBARI/RANIGANJ
Required Detail of MEDICAL VISA			
Hospital Name	ARTEMIS HOSPITAL GURGAON		
Address	SECTOR 51, GURUGRAM, BINDAPUR, HARYANA		
Doctor Name	DR PAWAN RAWAL		
Phone/Fax	91124 4511111		
Details	GASTROENTEROLOGY		
Residence Hospital Name	POPULAR DIAGNOSTIC CENTER LIMITED		
Residence Address	EYE HOSPITAL RD, DINAJPUR		
Residence Doctor Name			
Residence Phone/Fax	09613-787815		
Medical Certificate No			
Residence Email			
Email			
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			
Have you been refused an Indian Visa or extension of the same previously or deported from India ? NO			
G. Profession/Occupation Details :			
Present Occupation	DEPENDENT ON DAUGHTER	Designation/Rank	ASSISTANT MANAGER
Employer name/business	CASSIOPEA FASHION LTD		
Employer Address	72/1/D PROGOTI SHORONI, UTTAR BADDA, DHAKA 1212		
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	ARTEMIS HOSPITAL GURGAON SECTOR 51, GURUGRAM, BINDAPUR, HARYANA GURGAON HARYANA. 91124 4511111,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR PAWAN RAWAL	MONMOHAN ROY	
Address	SECTOR 51, GURUGRAM, BINDAPUR, HARYANA GURGAON HARYANA	PANIGAW, KAHAROLE DINAJPUR	
Phone Number	91124 4511111	01737269623	
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 : BGD2V8D2A824

18-APR-2024

Date :

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Applicant's signature (as in Passport)