



सत्यमेव जयते

# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )



## Visa Application Form



BGDDVCE03924

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

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ZZMAN			
Given Name (As in Passport)	MD ROKONU			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	10-FEB-1980	Religion	ISLAM	
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH	
Citizenship /National ID No	7771799215	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.	A15894386	Date of Issue ( dd/mm/yyyy )	26-MAY-2024	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	25-MAY-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	16/A, ALAMGONJ LANE GANDARIA DHAKA, BANGLADESH 1204	Phone No	01712762316	
		Mobile /Cell No	8801712762316	
		Email address	ROKONUZZAMANMITUBD@GMAIL.COM	
Permanent Address	RONOCHONDI CHOWDHURY PARA KISHOREGANJ NILPHAMARI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD AZIZAR RAHMAN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	MST ROMENA BEGUM	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	MUKTA JAMAN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD ROKONU ZZMAN

Web Registration Date : 09-JUN-2024 Application Id : BGDDVCE03924

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	25-JUN-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	HCG CANCER CENTRE K. R. ROAD, BENGALURU		
Address	NO 8, HCG TOWERS, P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR, BENGALURU		
Doctor Name	DR ANAND SUBASH		
Phone/Fax	9899216956		
Details	HEAD AND NECK SURGERY		
Residence Hospital Name	M ABDUR RAHIM MEDICAL COLLEGE		
Residence Address	DINAJPUR 5200		
Residence Doctor Name	DR MD MAZHARUL ISLAM		
Residence Phone/Fax	0531-64787		
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	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	ASSISTANT MANAGER
Employer name/business	CASSIOPEIA FASHION LTD		
Employer Address	72/1/D PROGOTI SHORONI, UTTAR BADDA, DHAKA 1213		
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	HCG CANCER CENTRE P. KALINGA RAO ROAD, SAMPANGI RAM NAGAR, BENGALURU BANGALORE KARNATAKA.		9899216956,
2	.		.
3	.		.
4	.		.
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR ANAND SUBASH	MUKTA JAMAN	
Address	NO 8, HCG TOWERS, P. KALINGA RAO ROAD SAMPANGI RAM NAGAR, BENGALURU BANGALORE KARNATAKA	RONOCHONDI CHOWDHURY PARA  KISHOREGANJ, NILPHAMARI	
Phone Number	9899216956	01773079505	
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 : BGGDDVCE03924

09-JUN-2024

Date : .....

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