



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDVC9D3A24

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	HAQUE			
Given Name (As in Passport)	MD SALIMUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1977	Religion	ISLAM	
Place of Birth Town/City	CHATTOGRAM	Country of Birth	BANGLADESH	
Citizenship /National ID No	8665008994	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.	A15300868	Date of Issue (dd/mm/yyyy)	27-MAR-2024	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	26-MAR-2034	
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	PL-140, RD-03, FL- A/6 MOHAMMADIA HOUSING SOCIETY, ADABOR DHAKA, BANGLADESH 1207	Phone No	01631372966	
		Mobile /Cell No	8801631372966	
		Email address	SAHILHAQUE396@GMAIL.COM	
Permanent Address	BACCHU SAW PURATON BARI BANDAR, AGRABAD CHATTOGRAM			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOZHARUL HAQUE	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Mother's	REZIA BEGUM	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Spouse	SHAHIN PARVEEN	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD SALIMUL HAQUE

Web Registration Date : 05-JUN-2024 Application Id : BGDDVC9D3A24

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	20-JUN-2024
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	NARAYANA INSTITUTE OF CARDIAC SCIENCES		
Address	TALUK, BOMMASANDRA INDUSTRIAL AREA, BENGALURU		
Doctor Name	DR. DEVI SHETTY		
Phone/Fax	91 80675 06870		
Details	MEDICINE		
Residence Hospital Name	CHATTOGRAM MAA-O-SHISHU HOSPITAL		
Residence Address	CHATTOGRAM 4100		
Residence Doctor Name			
Residence Phone/Fax			
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 SON	Designation/Rank	MARKETING OFFICER
Employer name/business	CASSIOPEA FASHION LTD		
Employer Address	72/1/D PROGOTI SHORONI, UTTAR BADDA, 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	
H. Address of Place of Stay / Hotel			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1 NARAYANA INSTITUTE OF CARDIAC SCIENCES ALUK, BOMMASANDRA INDUSTRIAL AREA, BENGALURU BANGALORE KARNATAKA. 91 80675 06870,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR. DEVI SHETTY	SHAHIN PARVEEN	
Address	TALUK, BOMMASANDRA INDUSTRIAL AREA, BENGALURU BANGALORE KARNATAKA	BACCHU SAW PURATON BARI BANDOR, AGRABAD, CHATTOGRAM	
Phone Number	91 80675 06870	01833788702	
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 : BGGDDVC9D3A24

05-JUN-2024

Date :

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