



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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

## Visa Application Form



BGDDVE07F224

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	MARYAM			
Given Name (As in Passport)	LAIBA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	SINGLE	
Date of Birth	13-MAR-2017	Religion	ISLAM	
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH	
Citizenship /National ID No	20177327501122475	Educational Qualification	OTHERS	
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.	A03989880	Date of Issue ( dd/mm/yyyy )	23-MAY-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	22-MAY-2027	
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	VURULIA JOYDEBPUR GAZIPUR, BANGLADESH 1700	Phone No	01844191980	
		Mobile /Cell No	8801844191980	
		Email address	SOHEL.RANA@RENATA-LTD.COM	
Permanent Address	KHALIPHA PARA, KAZI NAZRUL ISLAM RD SAIDPUR NILPHAMARI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD SOHEL RANA	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	MOUSHUMY AKTER MALA	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



LAIBA MARYAM

Web Registration Date : 28-JUN-2024 Application Id : BGDDVE07F224

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	08-JUL-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of <b>MEDICAL VISA</b>			
Hospital Name	APOLLO HOSPITAL CHENNAI		
Address	GREAMS RD, THOUSAND LIGHTS WEST, THOUSAND LIGHTS, CHENNAI		
Doctor Name	DR VENKATAKARTHIKEYAN C		
Phone/Fax	44 2829 3333		
Details	ENT		
Residence Hospital Name	SHAHEED TAJUDDIN AHMAD MEDICAL COLLEGE HOSPITAL		
Residence Address	HOSPITAL RD, GAZIPUR 1712		
Residence Doctor Name	DR MIR MD KAWSAR		
Residence Phone/Fax	02224423306		
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 : of Father			
Present Occupation	STUDENT	Designation/Rank	SENIOR DEPUTY MANAGER
Employer name/business	RENATA LIMITED		
Employer Address	RAJENDROPUR, GAZIPUR- 1700		
Phone Number	09678777652		
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	APOLLO HOSPITAL CHENNAI GREAMS ROAD, CHENNAI CHENNAI TAMIL NADU. 44 2829 3333,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR VENKATAKARTHIKEYAN C	MD SOHEL RANA	
Address	GREAMS LANE, 21, GREAMS RD, THOUSAND LIGHTS WEST THOUSAND LIGHTS, CHENNAI CHENNAI TAMIL NADU	KHALIPA PARA, KAZI NAZRUL ISLAM RD SAIDPUR, NILPHAMARI	
Phone Number	44 2829 3333	01717719866	
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 : BGDDE07F224

28-JUN-2024

Date : .....

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Applicant's signature (as in Passport)