



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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

## Visa Application Form



BGDDVE69DD24

Signature

| A. Personal Particulars (As in Passport)   |  |   |                       |                        |
|--|--|---|-----------------------|------------------------|
| Surname (As in Passport)   | AKTER  |   |                       |                        |
| Given Name (As in Passport)  | ISMATARA   |   |                       |                        |
| Previous/other Name if any   | Not Applicable   |   |                       |                        |
| Gender   | FEMALE   | Marital Status                          | MARRIED               |                        |
| Date of Birth  | 26-DEC-1988  | Religion                                | ISLAM                 |                        |
| Place of Birth Town/City   | DHAKA  | Country of Birth                        | BANGLADESH            |                        |
| Citizenship /National ID No  | 6409102016   | Educational Qualification               | HIGHER SECONDARY      |                        |
| Visible identification marks   | NA   |   |                       |                        |
| Current Nationality  | BANGLADESH   | Nationality by Birth/<br>Naturalization | BY BIRTH              |                        |
| Any Other Previous/Past Nationality  | Not Applicable   |   |                       |                        |
| B. Passport Details  |  |   |                       |                        |
| Passport No.   | A14124501  | Date of Issue ( dd/mm/yyyy )            | 18-FEB-2024           |                        |
| Place of Issue   | DHAKA  | Date of Expiry ( dd/mm/yyyy )           | 17-FEB-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  | BEOTA, TARANAGAR<br>KERANIGANJ MODEL<br>DHAKA, BANGLADESH 1310 | Phone No                                | 01864411112           |                        |
|  |  | Mobile /Cell No                         | 8801864411112         |                        |
|  |  | Email address                           | SAYED.AKOND@GMAIL.COM |                        |
| Permanent Address  | HOLDING- 41, RAYER CHOR<br>KERANIGANJ MODEL<br>DHAKA           |   |                       |                        |
| D. Family Details  |  |   |                       |                        |
| Relation   | Name   | Nationality                             | Prev. Nationality     | Place/Country of Birth |
| Father's   | MD AMJAD HOSSAIN   | BANGLADESH                              | BANGLADESH            | DHAKA<br>BANGLADESH    |
| Mother's   | MONWARA HOSSAIN  | BANGLADESH                              | BANGLADESH            | DHAKA<br>BANGLADESH    |
| Spouse   | MD RIPON HOSAIN  | BANGLADESH                              | BANGLADESH            | DHAKA<br>BANGLADESH    |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO |  |   |                       |                        |



ISMATARA AKTER

Web Registration Date : 02-JUL-2024 Application Id : BGDDVE69DD24

| 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-JUL-2024        |
| Port Of Arrival  | BY AIR/ HARIDASPUR  | Port of Exit  | BY AIR/ HARIDASPUR |
| Required Detail of <b>MEDICAL VISA</b>   |   |   |                    |
| Hospital Name  | APOLLO MULTISPECIALITY HOSPITALS, KOLKATA   |   |                    |
| Address  | KOLKATA, WEST BENGAL 700054   |   |                    |
| Doctor Name  | DR M K GOENKA   |   |                    |
| Phone/Fax  | 33 4420 2122  |   |                    |
| Details  | GASTROENTEROLOGY  |   |                    |
| Residence Hospital Name  | IBN SINA MEDICAL COLLEGE HOSPITAL   |   |                    |
| Residence Address  | 1, 1-B MIRPUR RD, DHAKA 1207  |   |                    |
| Residence Doctor Name  | ASSOC PROF DR SHAHANA AKTER   |   |                    |
| Residence Phone/Fax  | 09610-009616  |   |                    |
| 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 Spouse   |   |   |                    |
| Present Occupation   | HOUSE WIFE  | Designation/Rank                                      | SUPERVISOR         |
| Employer name/business   | AMBER IT  |   |                    |
| Employer Address   | NAVANA TOWER, 45, GULSHAN- 1, 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  | APOLLO MULTISPECIALITY HOSPITALS KOLKATA, WEST BENGAL 700054 KOLKATA WEST BENGAL. 33 4420 2122,                       |   |                    |
| 2  | .   |   |                    |
| 3  | .   |   |                    |
| 4  | .   |   |                    |
| I. Details of Two Reference  |   |   |                    |
|  | In India  | In BANGLADESH   |                    |
| Name   | DR M K GOENKA   | MD RIPON HOSAIN                                       |                    |
| Address  | 58, CANAL CIRCULAR RD,<br>KADAPARA, PHOOL BAGAN<br>KANKURGACHI, KOLKATA,<br>WEST BENGAL 700054<br>KOLKATA WEST BENGAL | MOBAROKER BARHI, BEOTA, KERANIGANJ<br><br>DHAKA- 1310 |                    |
| Phone Number   | 33 4420 2122  | 01864411112   |                    |
| 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 : BGGDVE69DD24

02-JUL-2024

Date : .....

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