



सत्यमेव जयते

HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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

Visa Application Form



BGDDW040D524

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	KHAN			
Given Name (As in Passport)	MD NOOR ALAM			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	15-FEB-1969	Religion	ISLAM	
Place of Birth Town/City	MAGURA	Country of Birth	BANGLADESH	
Citizenship /National ID No	1011424460	Educational Qualification	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.	A11942331	Date of Issue (dd/mm/yyyy)	23-AUG-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	22-AUG-2028	
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	FLAT #DAG 1560, UTTAR KHANCHANPARA CHANPARA UTTARKHAN DHAKA, BANGLADESH 1230	Phone No	01821696969	
		Mobile /Cell No	8801821696969	
		Email address	RAFIKNEEL54@GMAIL.COM	
Permanent Address	GHASIARA, SREEPUR NAKOL 7622 MAGURA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD HASHEM ALAM KHAN	BANGLADESH	BANGLADESH	MAGURA BANGLADESH
Mother's	MRS MAHAMUDA HASHEM	BANGLADESH	BANGLADESH	MAGURA BANGLADESH
Spouse	FATAMA NASRIN	BANGLADESH	BANGLADESH	MAGURA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 31-JUL-2024 Application Id : BGDDW040D524

Biometric Enrollment is not required till 11/OCT/2028.



MD NOOR ALAM KHAN

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	22-AUG-2024
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	APOLLO CLINIC BALLYGUNGE PHARI		
Address	JAMINI ROY SARANI, DOVER TERRACE, BALLYGUNGE, KOLKATA		
Doctor Name	DR ARINDAM GHOSH		
Phone/Fax	03366001234		
Details	NEUROLOGIST		
Residence Hospital Name	ARK HOSPITAL LIMITED		
Residence Address	AZAMPUR, DAKKHIN KHAN, 220 FAIDABAD MAIN RD, DHAKA		
Residence Doctor Name			
Residence Phone/Fax			
Medical Certificate No			
Residence Email			
Email	BALLYGUNGE@APOLLOCLINIC.COM		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	DOVER TERRACE, BALLYGUNGE KOLKATA, WEST BENGAL ,		
Cities in India Visited	KOLKATA, CHENNAI		
Type of Visa	MEDICAL VISA	Visa Number	VN0088152
Visa Issued Place	DHAKA	Date of Issue	17-OCT-2023
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	MORIUM PHARMEASY		
Employer Address	17598 CHANPARA BAZAR, UTTAR KHAN, DHAKA		
Phone Number	01821696969		
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 CLINIC BALLYGUNGE PHARI DOVER TERRACE, BALLYGUNGE, KOLKATA KOLKATA WEST BENGAL.		03366001234, BALLYGUNGE@APOLLOCLINIC.COM
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR ARINDAM GHOSH	FATAMA NASRIN	
Address	58, CANAL CIRCULAR RD, KADAPARA, PHOOL BAGAN, KANKURGACHI, KOLKATA, WEST BENGAL KOLKATA WEST BENGAL	H- 31-F, EAST CHANPARA, UTTARKHAN DHAKA	
Phone Number	03366001234	01821696969	
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 : BGGDW040D524

Date :

Biometric Enrollment is not required till 11/OCT/2028.

Applicant's signature (as in Passport)