

ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)

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



Visa Application Form

Signature



Pervious/other Name if any Not Applicable AMLE Marital Status MARRIED Act of Birth O1-JAN-1974 Religion HINDU Place of Birth Town/City SYLHET Country of Birth BANGLADESH ANGLADESH Citizenship /National ID No 2842487809 Educational Qualification GRADUATE (Jistenship /National ID No 2842487809 Educational Qualification GRADUATE (Jistenship /Nationality BANGLADESH Nationality BANGLADESH Nationality BANGLADESH Nationality BANGLADESH Nationality BY BIRTH Nationality BANGLADESH Not Applicable Any Other Previous/Past Nationality Not Applicable Any other Previous/Past Nationality Not Applicable Any other Passport Mo. A00743772 Date of Issue (dd/mm/yyyy) 13-SEP-2021 Date of Issue DHAKA Date of Expiry (dd/mm/yyyy) 12-SEP-2031 Any other Passport/Identity Certificate held (if yes ,please fill in the following) NO Country of Issue Place of Issue Date of Issue Date of Issue (dd/mm/yyyy) Nationality/Status Date of Issue (Dd/mm/yyyy) Notationality/Status Date of Issue (Dd/mm/yyyy) Notational	BGD	SV016A52	5					_		
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Spouse SUMA RANI BANGLADESH BANGLADESH BANGLADESH	Mother's MIRA		MIRA RANI ROY		BANGI	_ADESH	BANGLADESH			
Vere your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area: NO	Spouse SUMA RANI			BANGI	_ADESH	H BANGLADESH				
	Were your Gran	ndfather/Gr	randmother	(Paternal/Maternal) Pakista	n Nationa	ls Or belong to	o Paki	stan held ar	rea :	NO

E. Details of Visa Sought	(Visa shall be valid from the Date	e of Issue and not from the Date	of Journey)				
Type Of Visa Required	MEDICAL VISA	No of Entries	TRIPLE				
Period of Visa (Month)	6 Month	Expected Date of Journey	05-MAR-2025				
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR				
Required Detail of MED	DICAL VISA						
Hospital Name	NARAYANA HEALTH						
Address	BANGALORE	NGALORE					
Doctor Name	DR DEVI SHETTY	DEVI SHETTY					
Phone/Fax	18003090309	003090309					
Details	GASTROENTEROLOGY	TROENTEROLOGY					
Residence Hospital Name	NA						
Residence Address	NA						
Residence Doctor Name							
Residence Phone/Fax							
Medical Certificate No							
Residence Email							
Email							
Purpose of Visit: FOR PAT	TENTS						
F. Previous Visit Details							
Have You Ever visited India							
Address where You stayed ndia	in HARIDASPUR						
Cities in India Visited	HARIDASPUR						
Гуре of Visa	MEDICAL VISA	MEDICAL VISA Visa Number					
isa Issued Place	SYLHET	Date of Issue	02-NOV-2021				
Countries visited in last 10	years INDIA						
lave you been refused an I	ndian Visa or extension of the sam	ne previously or deported from Ir	ndia ? NO				
G. Profession/Occupation Det	ails :						
Present Occupation	POLICE	DLICE Designation/Rank					
Employer name/business	BANGLADESH POLICE	BANGLADESH POLICE					
Employer Address Phone Number	HABIGANJ						
Past occupation if any							
Are/have you worked with Arn	ned forces/ Police/ Para Military forces	s ?	YES				
Organization	BANGLADESH POLICE	BANGLADESH POLICE Designation					
Place of Posting	HABIGANJ	Rank	INSPECTOR				
H. Address of Place of Stay / H	lotel						
Place/Hotel Name Add	ress of Place / Hotel		State Phone No				
I ROYAL REGENCY LODG	E 251 SUBEDAR BANGALORE KA	ARNATAKA. 918041130202,					
2.,							
3.,							
4.,							
. Details of Two Reference							
	In India	ln	In BANGLADESH				
Name	THE PARK CHENNAI	SUMA RANI DAS					
Address	601, ANNA SALAI, NEAR US EMBASSY, GANGAI KARAI PURAM, NUNGAMBAKKAM, CHENNAI		GANJ				
	OLIENBLAL TARM MASS	CHENNAL TANIH MADI					

Name	THE PARK CHENNAI	SUMA RANI DAS
Address	601, ANNA SALAI, NEAR US EMBASSY, GANGAI KARAI PURAM, NUNGAMBAKKAM, CHENNAI	MULIKANDI,SADARPUR,ZOKIGANJ
	CHENNAI TAMIL NADU	PALLI SRI-3190,SYLHET

01717508745

Phone Number K. DECLARATION

a. I do not hold any other passport(s) other than those detailed above.

914442676000

- 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.

15-FEB-2025	
Date :	Annlicant's signature (as in Passnort)