



ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)

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



Visa Application Form



BGDSV1AFCC24

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		KURI		
Given Name (As in Passport)		JOY KUMAR		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	11-JAN-1962	Religion	HINDU	
Place of Birth Town/City	SYLHET	Country of Birth	BANGLADESH	
Citizenship /National ID No	5100603249	Educational Qualification	BELOW MATRICULATION	
Visible identification marks		NIL		
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality		Not Applicable		
B. Passport Details				
Passport No.	A15641122	Date of Issue (dd/mm/yyyy)	22-APR-2024	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	21-APR-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	MASIMPUR KURI PARA,KOTWALI, SYLHET SADAR-3100 SYLHET, BANGLADESH 3100	Phone No	01760877038	
		Mobile /Cell No	8801760877038	
		Email address	KUMAR3@GMAIL.COM	
Permanent Address	MASIMPUR KURI PARA,KOTWALI, SYLHET SADAR-3100 SYLHET			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	DHANANJOY KURI	BANGLADESH	BANGLADESH	SYLHET BANGLADESH
Mother's	PROMILA KURI	BANGLADESH	BANGLADESH	SYLHET BANGLADESH
Spouse	PURAVI RANI KURI	BANGLADESH	BANGLADESH	SYLHET BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



JOY KUMAR KURI

Application Id : BGDSV1AFCC24
Web Registration Date : 30-OCT-2024

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	TRIPLE
Period of Visa (Month)	6 Month	Expected Date of Journey	19-NOV-2024
Port Of Arrival	BY ROAD KARIMGANJ	Port of Exit	BY ROAD KARIMGANJ
Required Detail of MEDICAL VISA			
Hospital Name	NARAYANA HEALTH		
Address	BANGALORE		
Doctor Name	DR DEVI SHETTY		
Phone/Fax	918071222222		
Details	HEART PROBLEM		
Residence Hospital Name	NA		
Residence Address	NA		
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 ?	YES		
Address where You stayed in India	KARIMGANJ		
Cities in India Visited	KARIMGANJ		
Type of Visa	TOURIST VISA	Visa Number	VL5503971
Visa Issued Place	SYLHET	Date of Issue	13-JAN-2022
Countries visited in last 10 years	INDIA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ? NO			
G. Profession/Occupation Details :			
Present Occupation	LANDLOAD	Designation/Rank	LANDLOAD
Employer name/business	LANDLOAD		
Employer Address	MUNICIPALITY,SYLHET SADAR		
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 HEALTH , BANGALORE KARNATAKA. 918071222222,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
In India		In BANGLADESH	
Name	NARAYANA HEALTH	PURAVI RANI KURI	
Address	, BANGALORE KARNATAKA	MASIMPUR KURI PARA,KOTWALI,SYLHET	
Phone Number	918011840020	01760877038	
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.			

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30-OCT-2024

Date :

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Applicant's signature (as in Passport)