



सत्यमेव जयते

ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)



Visa Application Form



BGDSV0085A25

Signature

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

A. Personal Particulars (As in Passport)

Surname (As in Passport)	PAUL		
Given Name (As in Passport)	POLY RANI		
Previous/other Name if any	Not Applicable		
Gender	FEMALE	Marital Status	MARRIED
Date of Birth	11-OCT-1994	Religion	HINDU
Place of Birth Town/City	MOULVIBAZAR	Country of Birth	BANGLADESH
Citizenship /National ID No	19945816595000160	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.	A03240994	Date of Issue (dd/mm/yyyy)	19-FEB-2022
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	18-FEB-2032
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	2/4-SHAHAN PLACE LAMABAZAR SYLHET, BANGLADESH 3100	Phone No	01734227471
		Mobile /Cell No	8801734227471
		Email address	POLY3@GMAIL.COM
Permanent Address	FOCHIKA,MODON MODON-2490 NETROKONA		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MANIK CHANDRA PAUL	BANGLADESH	BANGLADESH	MOULVIBAZAR BANGLADESH
Mother's	SABITRI RANI PAUL	BANGLADESH	BANGLADESH	MOULVIBAZAR BANGLADESH
Spouse	BIPLOB KUMAR PAUL	BANGLADESH	BANGLADESH	NETROKONA BANGLADESH

Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO



POLY RANI PAUL

Web Registration Date : 22-JAN-2025 Application Id : BGDSV0085A25

Biometric Enrollment is not required till 26/FEB/2028.

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-FEB-2025
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	VELLORE-632 004,TAMIL NADU,INDIA		
Doctor Name	DR ALEYAMMA T K		
Phone/Fax			
Details	REPRODUCTIVE MEDICINE		
Residence Hospital Name	NA		
Residence Address	NA		
Residence Doctor Name	NA		
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	HARIDASPUR		
Cities in India Visited	HARIDASPUR		
Type of Visa	MEDICAL VISA	Visa Number	VN0543645
Visa Issued Place	SYLHET	Date of Issue	29-JAN-2024
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 : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	OWNER
Employer name/business	DIPANJJOLI ENTERPRISE		
Employer Address	4/1,NOAPARA,LAMABAZAR,SYLHET		
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 HOTEL PLATINUM 14, SYED AMIR ALI AVER KOLKATA WEST BENGAL. 918961050299,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
In India		In BANGLADESH	
Name	HOTEL PLATINUM	BIPLOB KUMAR PAUL	
Address	14, SYED AMIR ALI AVE KOLKATA WEST BENGAL	FOCHIKA,MODON MODON-2430,NETROKONA	
Phone Number	918961050299	01734227471	
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 : BGD5V0085A25

22-JAN-2025

Date :

Applicant's signature (as in Passport)

Biometric Enrollment is not required till 26/FEB/2028.