



ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)

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



Visa Application Form



BGDSV1B1E324

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		BAISHNAB		
Given Name (As in Passport)		DULAN		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	07-MAR-1987	Religion	HINDU	
Place of Birth Town/City	HABIGANJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	5954131164	Educational Qualification	HIGHER SECONDARY	
Visible identification marks		NILL		
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality		Not Applicable		
B. Passport Details				
Passport No.	B00085624	Date of Issue (dd/mm/yyyy)	17-JAN-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	16-JAN-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	TELGHORI,BANIYACHONG KADIRGANJ-3352 HABIGANJ, BANGLADESH 3352	Phone No	01712733911	
		Mobile /Cell No	8801712733911	
		Email address	DULAN3@GMAIL.COM	
Permanent Address	TELGHORI,BANIYACHONG KADIRGANJ-3352 HABIGANJ			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	POTAKI BAISHNAB	BANGLADESH	BANGLADESH	HABIGANJ BANGLADESH
Mother's	SABERTI BAISHNAB	BANGLADESH	BANGLADESH	HABIGANJ BANGLADESH
Spouse	SUCHITRA RANI BAISHNAB	BANGLADESH	BANGLADESH	HABIGANJ BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



DULAN BAISHNAB

Web Registration Date : 06-NOV-2024 Application Id : BGDSV1B1E324

Biometric Enrollment is not required till 17/APR/2027.

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	28-NOV-2024
Port Of Arrival	BY ROAD DAWKI	Port of Exit	BY ROAD DAWKI
Required Detail of MEDICAL VISA			
Hospital Name	NEIGRIHMS HOSPITAL		
Address	MEGHALAYA		
Doctor Name	DR MANUJ KR SAIKIA		
Phone/Fax			
Details	CARDIAC SURGERY		
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	SUTERKANDI		
Cities in India Visited	SUTERKANDI		
Type of Visa	TOURIST VISA	Visa Number	VL9400110
Visa Issued Place	SYLHET	Date of Issue	31-AUG-2023
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	MS DRISHTANTO ENTERPRISE		
Employer Address	KOLABARI		
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 LAMIN RESORT SHILONG WEST KHASI HILLS MEGHALAYA. 918787529163,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	LAMIN RESORT	SUCHITRA RANI BAISHNAB	
Address	SHILONG WEST KHASI HILLS MEGHALAYA	TELGHORI,BANIYACHONG KADIRGANJ-3352,HABIGANJ	
Phone Number	918787529163	01712733911	
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 : BGDV1B1E324

06-NOV-2024

Date :

Applicant's signature (as in Passport)

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