



सत्यमेव जयते

ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)

Paste your unsigned
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Size: 2" X 2"



Visa Application Form



BGDSV016A525

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		ROY		
Given Name (As in Passport)		FONI BHUSON		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1974	Religion	HINDU	
Place of Birth Town/City	SYLHET	Country of Birth	BANGLADESH	
Citizenship /National ID No	2842487809	Educational Qualification	GRADUATE	
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.	A00743772	Date of Issue (dd/mm/yyyy)	13-SEP-2021	
Place 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		
Passport/IC No.		Date of issue (dd/mm/yyyy)		
Nationality/Status				
C. Applicant's Contact Details				
Present Address	MULIKANDI,SADARPUR ZOKIGANJ,PALLI SRI-3190 SYLHET, BANGLADESH 3190	Phone No	01717508745	
		Mobile /Cell No	8801717508745	
		Email address	FONIBHUSON3@GMAIL.COM	
Permanent Address	MULIKANDI,SADARPUR ZOKIGANJ,PALLI SRI-3190 SYLHET			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	NABOKISHOR ROY	BANGLADESH	BANGLADESH	SYLHET BANGLADESH
Mother's	MIRA RANI ROY	BANGLADESH	BANGLADESH	SYLHET BANGLADESH
Spouse	SUMA RANI	BANGLADESH	BANGLADESH	BRAHMANBARIA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



FONI BHUSON ROY

Application Id : BGDSV016A525
Web Registration Date : 15-FEB-2025

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	05-MAR-2025
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	NARAYANA HEALTH		
Address	BANGALORE		
Doctor Name	DR DEVI SHETTY		
Phone/Fax	18003090309		
Details	GASTROENTEROLOGY		
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	HARIDASPUR		
Cities in India Visited	HARIDASPUR		
Type of Visa	MEDICAL VISA	Visa Number	VL5498652
Visa Issued Place	SYLHET	Date of Issue	02-NOV-2021
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	POLICE	Designation/Rank	INSPECTOR
Employer name/business	BANGLADESH POLICE		
Employer Address	HABIGANJ		
Phone Number			
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?			YES
Organization	BANGLADESH POLICE	Designation	BANGLADESH POLICE
Place of Posting	HABIGANJ	Rank	INSPECTOR
H. Address of Place of Stay / Hotel			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1 ROYAL REGENCY LODGE 251 SUBEDAR BANGALORE KARNATAKA. 918041130202,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
In India		In BANGLADESH	
Name	THE PARK CHENNAI	SUMA RANI DAS	
Address	601, ANNA SALAI, NEAR US EMBASSY, GANGAI KARAI PURAM, NUNGAMBAKKAM, CHENNAI CHENNAI TAMIL NADU	MULIKANDI,SADARPUR,ZOKIGANJ PALLI SRI-3190,SYLHET	
Phone Number	914442676000	01717508745	
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 : BGD5V016A525

15-FEB-2025

Date :

Applicant's signature (as in Passport)