



सत्यमेव जयते

ASSISTANT HIGH COMMISSION OF INDIA

SYLHET (BANGLADESH)



Visa Application Form



BGDSV1B42C24

Signature

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

A. Personal Particulars (As in Passport)

Surname (As in Passport)	ALAM		
Given Name (As in Passport)	ASMA		
Previous/other Name if any	Not Applicable		
Gender	FEMALE	Marital Status	MARRIED
Date of Birth	15-NOV-1990	Religion	ISLAM
Place of Birth Town/City	CUMILLA	Country of Birth	BANGLADESH
Citizenship /National ID No	3745042576	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.	A13606843	Date of Issue (dd/mm/yyyy)	07-FEB-2024
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	06-FEB-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	9TH A DOCTR S PALACE NOYA PARA AKHALIYA SYLHET, BANGLADESH 3100	Phone No	01771792200
		Mobile /Cell No	8801771792200
		Email address	ASMA3@GMAIL.COM
Permanent Address	JUTI MANJIL,SHANTI ROAD DEBIDWAR,DEBIDWAR-3530 CUMILLA		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD JAHANGIR ALAM	BANGLADESH	BANGLADESH	CUMILLA BANGLADESH
Mother's	SURAIYA ALAM	BANGLADESH	BANGLADESH	CUMILLA BANGLADESH
Spouse	SHOHEL AHMMAD SARKER	BANGLADESH	BANGLADESH	CUMILLA BANGLADESH

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



ASMA ALAM

Web Registration Date : 12-NOV-2024 Application Id : BGDSV1B42C24

Biometric Enrollment is not required till 27/FEB/2029.

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 AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	APOLLO CANCER INSTITUTES		
Address	CHENNAI		
Doctor Name	DR BALAJI R		
Phone/Fax	04461151111		
Details	ONCOLOGY		
Residence Hospital Name	NA		
Residence Address	NA		
Residence Doctor Name			
Residence Phone/Fax			
Medical Certificate No			
Residence Email			
Email			
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
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	VN0907135
Visa Issued Place	DHAKA	Date of Issue	27-FEB-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	JUNIOR CONSULTANT
Employer name/business	KHADIMPARA THIRTY ONE BEDDED HOSPITAL		
Employer Address			
Phone Number	SYLHET		
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 DR BALAJI R , CHENNAI TAMIL NADU. 1860 500 1066,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
In India		In BANGLADESH	
Name	SHERATON GRANDE HOTEL CHENNAI	SHOHEL AHMMAD SARKER	
Address	CHENNAI, TAMIL NADU INDIA NOT KNOWN TAMIL NADU	JUTI MANJIL, SHANTI ROAD DEBIDWAR-DEBIDWAR-3530, CUMILLA	
Phone Number	919677165873	01719950884	
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 : BGDSV1B42C24

12-NOV-2024

Date :

.....
Applicant's signature (as in Passport)

Biometric Enrollment is not required till 27/FEB/2029.