



High Commission of India Kampala Uganda
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Uganda
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Visa Application Form



UGAKV005A917

Signature

A. Personal Particulars (As in Passport)

Surname (As in Passport)	BIGIRWENKYA		
Given Name (As in Passport)	BRIAN ALBERT		
Previous/other Name if any			
Sex	MALE	Marital Status	SINGLE
Date of birth	01-APR-1990	Religion	CHRISTIAN
Place of Birth Town/City	KAMPALA	Country of Birth	UGANDA
Citizenship /National ID No	CM90006107C5LC	Educational Qualification	GRADUATE
Visible identification marks	SCAR		
Current Nationality	UGANDA	Nationality by Birth/ Naturalization	BY BIRTH
Any Other Previous/Past Nationality			

B. Passport Details

Passport No.	B0771535	Date of issue (dd/mm/yyyy)	03-NOV-2009
Place of issue	KAMPALA	Date of expiry (dd/mm/yyyy)	03-NOV-2019

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	PLOT 398 BUSIRO,JUUKO LANE WAKISO GOMBE B WAKISO, UGANDA 256	Phone No	
		Mobile /Cell No	0757168371
		Email address	BIGGSA@ROCKETMAIL.COM

Permanent Address	PLOT 398 BUSIRO,JUUKO LANE WAKISO GOMBE B WAKISO		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	GODFREY PATRICK BIGIRWENKYA	UGANDA	UGANDA	KIGOROBYA HOIMA UGANDA
Mother's	GRACE ATHURA BIGIRWENKYA	UGANDA	UGANDA	KAKINDO HOIMA UGANDA
Spouse				

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

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	SINGLE
Period of Visa (Month)	4 Month	Expected Date of Journey	14-MAR-2017
Port Of Arrival	BANGALORE	Port of Exit	BANGALORE



BRIAN ALBERT BIGIRWENKYA

Application Id : UGAKV005A917
Web Registration Date : 01-MAR-2017

Required Detail of MEDICAL VISA			
Hospital Name	COLUMBIA ASIA HOSPITAL	FRIENDS POLY CLINIC	
Address	KIRLOSKAR BUSINESS PARK, BELLARY ROAD, HEBBAL, BEN	PLOT 8/10 UGANDA HOUSE P.O.BOX 1773 KAMPALA	
Doctor Name		DR KARUHANGA VINCENT	
Phone/Fax		+256 414230189	
Details			
Purpose of Visit : MEDICAL TREATMENT OF SELF			
F. Previous Visit Details			
Have You Ever visited India ? YES			
Address where You stayed in India		REVA UNIVERSITY KATTIGENAHALLI 560064, BANGALORE	
Cities in India Visited		BANGALORE	
Type of Visa		Visa Number	VJ4842958
Visa Issued Place		Date of Issue	19-MAY-2015
Countries visited in last 10 years INDIA			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?			
If yes above mention when and by whom with control No/Date			
G. Profession/Occupation Details of Father			
Present Occupation		Designation/Rank	UNIVERSITY SECRETARY
Employer name/business		TEAM UNIVERSITY	
Employer Address		PLOT 446, KABAKA AJAGALA ROAD, WOOD HOUSE MENGU	
Phone Number		+256754722917	
Past occupation if any		CHARTERED ACCOUNTANT	
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.
I. Details of Two Reference			
In India		In UGANDA	
Name	COLUMBIA ASIA HOSPITAL	GODFREY BIGIRWENKYA	
Address	HEBBAL, BENGALURU, KARNATAKA 56002	P.O.BOX 72495 KAMPALA	
Phone Number	+91 80 4179 100	+256754722917	

J. DECLARATION:

- I do not hold any other passport(s) other than those detailed above.
- I have read and understood all the conditions for the visit to India and I am willing and able to abide fully by them.
- 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.
- 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.

Date : 01-MAR-2017

Applicant's signature (as in Passport)

Application Id :UGAKV005A917