



# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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



## Visa Application Form



BGDDV08CCC23

Signature

<b>A. Personal Particulars (As in Passport)</b>				
Surname (As in Passport)		HAQUE		
Given Name (As in Passport)		MD ENAMUL		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	16-AUG-1962	Religion	ISLAM	
Place of Birth Town/City	MYMENSINGH	Country of Birth	BANGLADESH	
Citizenship /National ID No	6126501803924	Educational Qualification	HIGHER SECONDARY	
Visible identification marks		NIL		
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality		Not Applicable		
<b>B. Passport Details</b>				
Passport No.	A04636763	Date of Issue ( dd/mm/yyyy )	12-SEP-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	11-SEP-2027	
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				
<b>C. Applicant's Contact Details</b>				
Present Address	LAXMIKHOLA POUROSAVA MUKTAGACHHA MYMENSINGH, BANGLADESH 2210	Phone No	01621535111	
		Mobile /Cell No	8801621535111	
		Email address	TANVIRAHAMADKUET@GMAIL.COM	
Permanent Address	MUKTAGACHHA, GOROSTHAN ROAD MUKTAGACHA, MUKTAGACHHA-2210 MYMENSINGH			
<b>D. Family Details</b>				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOKBUL HOSEN	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Mother's	MST KHODEJA BEGUM	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Spouse	MST MORIAM BEGUM	BANGLADESH	BANGLADESH	MYMENSINGH BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD ENAMUL HAQUE

Web Registration Date : 10-JAN-2023 Application Id : BGDDV08CCC23

<b>E. Details of Visa Sought</b> (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	MULTIPLE
Period of Visa ( Month)	12 Month	Expected Date of Journey	04-FEB-2023
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
<b>Required Detail of MEDICAL VISA</b>			
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	VELLORE - 632 004, TAMIL NADU, INDIA		
Doctor Name	DR SUPRIYA SEN		
Phone/Fax	+91416228100		
Details	ENDOCRINE SURGERY		
<b>Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS</b>			
<b>F. Previous Visit Details</b>			
Have You Ever visited India ?	NO		
Address where You stayed in India			
Cities in India Visited			
Type of Visa		Visa Number	
Visa Issued Place		Date of Issue	
Countries visited in last 10 years			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?			NO
<b>G. Profession/Occupation Details :</b>			
Present Occupation	RETIRED	Designation/Rank	
Employer name/business	MD ENAMUL HAQUE		
Employer Address	LAXMIKHOLA, POUROSAVA, MUKTAGACHHA,		
Phone Number	MYMENSINGH 01621535111		
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?			NO
Organization		Designation	
Place of Posting		Rank	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1 STAR RESIDENCY 45, BABU RAO STREET VELLORE TAMIL NADU. +919789377842,			
2 . ,			
3 . ,			
4 . ,			
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	STAR RESIDENCY	TANVIR AHAMAD	
Address	45, BABU RAO STREET VELLORE TAMIL NADU	LAXMIKHOLA, POUROSAVA, MUKTAGACHHA, MYMENSINGH	
Phone Number	+ 919789377842	01893400498	
<b>K. DECLARATION</b>			
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 : BGDDV08CCCC23

10-JAN-2023

Date : .....

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