

ASSISTANT HIGH COMMISSION OF INDIA CHITTAGONG(BANGLADESH)

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



Visa Application Form

Signature

MULTIPLE

09-JUN-2017

BY ROAD CHANGRABANDHA/RANIGANJ

No of Entries

Port of Exit

Expected Date of Journey

A. Persona	l Particulars (A	As in Passport)						
Surname (As in Passport) BARUA								
Given Name	e (As in Passport)	NAYON	AYON					
Previous/ot	her Name if any							
Sex		MALE	MALE Marital Status			SINGLE		
Date of birth		27-FEB-1985	Religion	Religion		CHRISTIAN		
Place of Birth Town/City		COXSBAZAR	Country	Country of Birth		BANGLADESH		
Citizenship /National ID No		2211633129408	Educati	Educational Qualification		GRADUATE		
Visible iden	tification marks	NIL	NIL					
Current Nationality		BANGLADESH	Nationa	Nationality by Birth/ Naturalizatio			BIRTH	
Any Other F	Previous/Past Na	ationality	onality					
B. Passpor	t Details							
Passport No	o.	BN0895875	Date of	Date of issue (dd/mm/yyyy)		09-APR-2017		
Place of iss	ue	DIP DHAKA	Date of	Date of expiry (dd/mm/yyyy)			08-APR-2022	
Any other I	Passport/Identi	ty Certificate held (if yes ,p	olease fill in	the followi	ng) NO			
Country of i	untry of issue			Place of issue				
Passport/IC	No		Date of	Date of issue(dd/mm/yyyy)				
Nationality/s	status							
C. Applica	nt's Contact De	tails						
5 .	CHABAGAN I	-03	Phone No					
Present address	MALUMGHAT		Mobile /Cell No		1744810300			
	COXSBAZAR		Email address					
Permanent Address								
D. Family D	Details				NUMBER REPORTED			
Relation	Name		Natio	Nationality		onality	Place/Country of Birth	
Father's	BENU BARUA		BANG	BANGLADESH			COXSBAZAR BANGLADESH	
Mother's	lother's ARPANA JAMBEL			BANGLADESH			COXSBAZAR BANGLADESH	
Spouse								
		andmother(Paternal/Mater						

TOURIST VISA

BY ROAD CHANGRABANDHA/RANIGANJ

12 Months

Type Of Visa Required

Port Of Arrival

Period of Visa (Months)

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		Date of Issue	9					
d in last 10 yea	ars							
refused an Inc	dian Visa or extensio	on of the same previously	or deported from India	a ?				
			or deported from maic					
Occupation D)etails							
	PRIVATE SERVICE	Designation/	Rank	STAFF				
	MEMORIAL CHRISTION H	OSPITAL						
	MALUMGHAT,CHAK	ARIA,COXSBAZAR						
orked with Arm	ned forces/ Police/ I							
Organization		De	-					
Place of Posting			Rank					
			Q+	oto	Phone No.			
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A 11								
BARAT SHEBA ASROM WEST BENGLA,KOLKATA			10,SHAHEED SOROWARDY ROAD KOTWALI.CHITTAGONG					
WEST BENGLA,	Phone Number 009122520537		00110		01839009721			
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- 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.

04 14437 0047	
Date: 21-MAY-2017	Applicant's signature (as in Passport)
Jale	Applicant 5 Signature (as in Fassport)