



HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

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



Visa Application Form



BGDDV2F6A825

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)		HOSSAIN		
Given Name (As in Passport)		ISRAFIL		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	09-JUL-1973	Religion	ISLAM	
Place of Birth Town/City	MUNSHIGANJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	6880182784	Educational Qualification	POST 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.	B00578502	Date of Issue (dd/mm/yyyy)	31-OCT-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	30-OCT-2032	
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	HOUSED/FLAT-161/41,PLOT-161/41, DHAKA CANTONMENT DHAKA, BANGLADESH 1206	Phone No	01715985614	
		Mobile /Cell No	8801715985614	
		Email address	ISRAFIL20989@GMAIL.COM	
Permanent Address	UTTAR SHAHAPUR, GAZARIA GAZARIA-1510 MUNSHIGANJ			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	HAJI JOYNAL ABEDIN	BANGLADESH	BANGLADESH	MUNSHIGANJ BANGLADESH
Mother's	MRS HOSNE ARA BEGUM	BANGLADESH	BANGLADESH	MUNSHIGANJ BANGLADESH
Spouse	KHADIZA JAHAN	BANGLADESH	BANGLADESH	DHAKA BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Biometric Enrollment is not required till 16/JAN/2028.



ISRAFIL HOSSAIN

Web Registration Date : 22-APR-2025 Application Id : BGDDV2F6A825

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	MULTIPLE
Period of Visa (Month)	12 Month	Expected Date of Journey	10-MAY-2025
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of MEDICAL VISA			
Hospital Name	APOLLO GLENEAGLES HOSPITAL LIMITED		
Address	58, Canal Circular Road, Kolkata-700054		
Doctor Name	DR.K.S.SINGH		
Phone/Fax	03323203040		
Details	ORTHOPAEDICS		
Residence Hospital Name	COMBINED MILITARY HOSPITAL DHAKA		
Residence Address	CANTONMENT, DHAKA		
Residence Doctor Name	DR. MOHAMMAD JUNAYED HOSSAIN		
Residence Phone/Fax	01879277466		
Medical Certificate No	M21042596JS0		
Residence Email			
Email	IPS_KOL@APOLLOHOSPITALS.COM		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	TAJ BENGAL WEST BANGLA ,		
Cities in India Visited	KOLKATA		
Type of Visa	TOURIST VISA	Visa Number	VN0040886
Visa Issued Place	DHAKA	Date of Issue	03-OCT-2023
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	BUSINESS PERSON	Designation/Rank	PROPRITOR
Employer name/business	NABILA SHAREE AND THREE PIECE		
Employer Address Phone Number	39/70, EASTARN MOLLIKA,ELEPHANT ROAD,DHAKA 01765067320		
Past occupation if any	BUSINESS PERSON		
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 TAJ BENGAL ALIPORE ZOO,ALIPORE KOLKATA WEST BENGAL. 91 33 6612 393,			
2 . ,			
3 . ,			
4 . ,			
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	TAJ BENGAL	MD FAYSAL	
Address	ALIPORE ZOO,ALIPORE, WEST BANGLA KOLKATA KOLKATA WEST BENGAL	AZIMPUR , LALBAGH, DHAKA	
Phone Number	91 33 6612 3939	01680765462	
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 : BGDVDV2F6A825

22-APR-2025

Date :

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

Biometric Enrollment is not required till 16/JAN/2028.