



**HIGH COMMISSION OF INDIA
DHAKA
Visa Application Form**

Specimen Signature ➔

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

Personal Particulars (As in Passport)			
Surname			
Name			
Previous/other Name, if any			
Sex		Marital Status	
Date of Birth		Religion	
Place of Birth (Town/City)		Country of Birth	
Citizenship /National ID No.		Educational Qualification	
Visible Identification Marks			
Nationality by Birth or Naturalisation			
Passport Details			
Passport No.		Date of Issue (dd /mm/yyyy)	
Place of Issue		Date of Expiry (dd/mm/yyyy)	
Any other Passport/Identity Certificate (IC) held (if yes, please fill in the following)			
Country of Issue		Place of Issue	
Passport/IC No.		Date of Issue(dd/mm/yyyy)	
Nationality			
Applicant's Address Details			
Present Address		Phone No	
		Mobile No	
		E-mail	
Permanent Address		Phone No	
		Mobile No	
		E-mail	
Details of Family			
Name of Father		Nationality of Father	
Name of Mother		Nationality of Mother	
Name of Spouse		Nationality of Spouse	

Were your Grandfather/Grandmother (paternal/maternal) Pakistani nationals or belong to Pakistan held area ? : (Please strike off whichever not applicable)				Yes/No
If yes, please give details:-				
Details of Visa Sought				
Type of Visa required (please mark appropriate column)	Business/Conference/Diplomatic/Entry/Employment/Journalist/Medical/MedicalAttendant/Official/Research/Student/Tourist/Training/Transit /United Nation	No of Entries	Single/ double/ Triple/ Multiple	
Period of stay in India		Expected date of Journey		
Port of arrival (Please mark appropriate column)	(i) By air (ii) By rail- Gede (iii) By road- Haridaspur/Gede/Ghojadanga/Hili/Mahadipur/Changrabandha/ Karimganj/ Dawki/ Dalu/ Suterkandi/Agartala/Khowai/ Kailashahar/ Srimantpur/ Jaigoan/Raniganj	Port of exit (Please mark appropriate column)	(i) By air (ii) By rail- Gede (iii) By road Haridaspur/Gede/Ghojadanga/Hili/Mahadipur/ Changrabandha/ Karimganj/Dawki/Dalu/ Suterkandi/Agartala/Khowai/ Kailashahar /Srimantpur/ Jaigoan/ Raniganj	
Purpose of Visit (Please provide complete details):-				
Details of Previous Visits				
Have you ever visited India before? (Yes / No) :		If yes, please fill in the following		
Address where you stayed in India during your previous visit(s)	1.			
	2.			
	3.			
Countries visited in last ten years :-				
Details of visas on previous visits to India				
S.no	Type of visa	Visa Number	Date of issue	Place of issue
1				
2				
3				
Have you been refused an Indian Visa or extension of the same previously or deported from India? Yes/No				
If yes, please mention when and by whom with full details		Reference Number Date Authority which refused issue/extension of visa		
Details of Profession/Occupation				
Present Occupation		Designation/Rank		
Name of Employer				
Address of Employer / Business firm with Phone no.				
Past occupation, if any				
Are you working/have you worked with Armed forces/ Police/ Para Military forces ? Yes/No: (If yes, pl. fill up the following)				
Organisation		Designation/ Rank		
Place of Posting		Period		

Address of place of stay or hotel in India Address of place of stay or hotel	State	Phone No.
Details of References (One each in India and Bangladesh)		
	INDIA	BANGLADESH
Name		
Address		
Phone No.		

DECLARATION BY APPLICANT:

- 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 :

Signature (As in Passport)

ADDITIONAL INFORMATION TO BE FURNISHED BY VISA APPLICANTS

Type of Visa	Details	Particulars
Business	Name of the Company in India	
	Address	
	Phone No.	
	Fax.No.	
	E-Mail ID	

Employment	Professional qualification	
	Name of the Company in India	
	Address	
	Phone No	
	Fax.No	
	E- mail ID	
	Designation//Post	
Salary offered(Per Annum)		

Medical	Name of local hospital	
	Address	
	Name of doctor	
	Phone/Fax.No.s	

	E-Mail ID	
	Nature of illness	
	Name of hospital in India	
	Address	
	Name of doctor	
	Phone/Fax.No.s	
	E-Mail ID	
	Nature of illness	

Medical Attendant	Name of Patient	
	Passport No.of Patient	

Transit Visa	Are you travelling to another Country before India?	Yes/No
	If yes, do you have a visa or a residence permit of that Country?	Yes/No
	Are you travelling to another Country after India?	Yes/No
	If yes, do you have a visa or a residence permit of that Country?	Yes/No

Student Visa	Name of the Educational Institution in India	
	Address	
	Phone No./Fax.No	
	E-mail ID	
	Class to which admission is sought	
	Duration of study	

Research Visa	Subject of Research	
	Name of the Institution in India	
	Address	
	Phone Number/Fax.No	
	E-mail ID	
	Duration of Research	

Training Visa	Subject of Training	
	Name of the Institution in India	
	Address	
	Phone Number/Fax.No	
	E-mail ID	
	Duration of Training	