ASSISTANT HIGH COMMISSION OF INDIA

CHITTAGONG(BANGLADESH)

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Visa Application Form

BGDCV079F326

Signature

Application Id : BGDCV079F326

Web Registration Date : 06-MAY-2026

A. Personal Particulars (As in Passport)			
Surname (As in Passport)	DATTA		
Given Name (As in Passport)	PREMA		
Previous/other Name if any	Not Applicable		
Gender	FEMALE	**Marital Status**	MARRIED
Date of Birth	06-JUL-1994	**Religion**	HINDU
Place of Birth Town/City	CHATTOGRAM	**Country of Birth**	BANGLADESH
Citizenship /National ID No	2853367791	**Educational Qualification**	GRADUATE
Visible identification marks	NA		
Current Nationality	BANGLADESH	**Nationality by Birth/ Naturalization**	BY BIRTH
Any Other Previous/Past Nationality		Not Applicable	

B. Passport Details			
Passport No.	A17498899	**Date of Issue (dd/mm/yyyy)**	08-JAN-2025
Place of Issue	DHAKA	**Date of Expiry (dd/mm/yyyy)**	07-JAN-2035
Any other Passport/Identity Certificate held (if yes ,please fill in the following)			YES
Country of Issue	BANGLADESH	**Place of Issue**	DHAKA
Passport/IC No.	BP0318360	**Date of issue (dd/mm/yyyy)**	28-MAY-2017
Nationality/Status	BANGLADESH		

C. Applicant's Contact Details			
Present Address	16 NO JAMAL KHAN,BM TOWER 6TH FLOOR CHATTOGRAM CHATTOGRAM, BANGLADESH 4000	**Phone No** **Mobile /Cell No** **Email address**	01354997362 8801862040543 PREMADATTA42@GMAIL.COM
Permanent Address	LICHU BAGAN, CHANDRAGHONA,WARD 08,, RANGUNIA,KHONDAKAR PARA-4531 CHATTOGRAM		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SADHAN DATTA	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Mother's	SHIKHA DATTA	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH
Spouse	SHOBHAN DAS	BANGLADESH	BANGLADESH	CHATTOGRAM BANGLADESH

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

PREMA DATTA

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	TRIPLE
Period of Visa (Month)	6 Month	Expected Date of Journey	23-MAY-2026
Port Of Arrival	BY ROAD AGARTALA	Port of Exit	BY ROAD AGARTALA

Required Detail of	MEDICAL VISA
Hospital Name	APOLLO HOSPITALS
Address	no 21, Greams Lane, Off Greams Road
Doctor Name	DR. ASHA REDDY
Phone/Fax	04428293333
Details	EVALUATION FOR BREAST TUMOR TO DETERMINE STAGE
Residence Hospital Name	EPIC HEALTH CARE
Residence Address	19 K.B FAZLUL KADER ROAD, PANCHLAISH ,CHATTOGRAM
Residence Doctor Name	DR. MINA AHMED
Residence Phone/Fax	
Medical Certificate No	M0505260Y77T
Residence Email	
Email	

Purpose of Visit : FOR PATIENTS

F. Previous Visit Details

Have You Ever visited India ?	YES		
Address where You stayed in India	KOLKATA ,		
Cities in India Visited	KOLKATA		
Type of Visa	TOURIST VISA	Visa Number	VL1783810
Visa Issued Place	IVAC CHATTOGRAM	Date of Issue	26-FEB-2019
Countries visited in last 10 years			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?			NO

G. Profession/Occupation Details : of Spouse

Present Occupation	HOUSE WIFE	Designation/Rank	ASSISTANT ENGINEER
Employer name/business	EDUCATION ENGINEERING DEPARTMENT		
Employer Address Phone Number	RANGAMATI, BANGLADESH		
Past occupation if any			
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 HOTEL WHITE MOUNT	RAMA PILLAI STREET CHENNAI TAMIL NADU. 91402425829,		
2 . ,			
3 . ,			
4 . ,			

I. Details of Two Reference

	In India	In BANGLADESH
Name	SUPRAKASH	SHOBHAN DAS
Address	SPARTAN NAGAR, ANNA NAGAR EXTN, BEHIND MMM HOSPITAL, 600037 CHENNAI TAMIL NADU	16 NO JAMAL KHAN B.M.TOWER ,6TH FLOOR,CHATTOGRAM
Phone Number	91402461029	01816036876

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.

06-MAY-2026 .....

Date : ..... **Applicant's signature (as in Passport)**

Application Id : BGDCV079F326