



# CONSULATE GENERAL OF BANGLADESH

34-18 Northern Boulevard (Ground Floor), Long Island City, NY - 11101, USA  
TEL - (212) 599 6767, (646) 645 7242 FAX - (212) 682 9211  
E-MAIL: [contact@bdcgny.org](mailto:contact@bdcgny.org), WEB - [www.bdcgny.org](http://www.bdcgny.org)

One (1) copy of  
30mm X 30mm Photograph

## APPLICATION FOR ENDORSEMENT OF "NO VISA REQUIRED FOR TRAVEL TO BANGLADESH"

PLEASE FILL IN OR TYPE IN BLOCK LETTERS.

1. Name \_\_\_\_\_

2. Date of birth \_\_\_\_\_ [e.g. 26-Mar-1971] 3. Place of birth \_\_\_\_\_

4. Nationality at birth \_\_\_\_\_ 5. Present nationality \_\_\_\_\_ 6. Profession \_\_\_\_\_

7. Passport # \_\_\_\_\_ 8. Place of issue \_\_\_\_\_ 9. Date of issue \_\_\_\_\_ 10. Date of expiry \_\_\_\_\_  
[e.g. 26-Mar-1971] [e.g. 26-Mar-1971]

11. Sex  Male  Female 12. Marital status  Single  Married  Widow/Widower  Divorced

13.a. Name of spouse \_\_\_\_\_ 13.b. Nationality \_\_\_\_\_

14.a. Name of father \_\_\_\_\_ 14.b. Nationality \_\_\_\_\_

15.a. Name of mother \_\_\_\_\_ 15.b. Nationality \_\_\_\_\_

16. Present address and contact details

Street \_\_\_\_\_

House/Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

17. Home address and contact details (in Bangladesh)

Vill/Street \_\_\_\_\_

PO \_\_\_\_\_

PS \_\_\_\_\_

District \_\_\_\_\_

Phone \_\_\_\_\_

18. Purpose of visit  Tourism  Visit relatives  Other (Please specify) \_\_\_\_\_

19. In case of transfer of NVR seal from a previous passport to a new passport, please provide the following information:

a. Previous NVR issued by  Bangladesh Consulate General, New York  Other (Please specify) \_\_\_\_\_

b. Previous Passport # \_\_\_\_\_ c. NVR seal # \_\_\_\_\_ d. Date of Issue \_\_\_\_\_

### 20. DECLARATION

I declare that I have examined the information on this form. To the best of my knowledge and belief the information on this form are true, correct and complete.

Signature of the applicant  
[in case of a minor child, parents may also sign on their behalf]

Signature box

21.a. Money Order # \_\_\_\_\_ 21.b. Issued by: \_\_\_\_\_ 21.c. Amount in US \$: \_\_\_\_\_

**FOR OFFICIAL USE ONLY (Do not write below this line)**

Receipt # _____	Date _____ [e.g. 26-Mar-1971]	Amount (US\$) _____
Mode of service <input type="checkbox"/> Mail-In <input type="checkbox"/> Walk-In	Received by _____	Processed by _____
Issue # _____	Signature of the issuing authority	
Comments _____	Signature of the issuing authority	