



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, WEB - www.bdcgny.org

37mm X 37mm photograph
(1 copy)

APPLICATION FOR BANGLADESH VISA

PLEASE FILL IN OR TYPE IN BLOCK LETTERS.

1. Name _____

2. Date of Birth _____ 3. Place of Birth _____ 4. Nationality _____
[e.g. 26-Mar-1971]

5. Passport # _____ 6. Place of Issue _____ 7. Date of Expiry _____
[e.g. 26-Mar-1971]

8. Sex Male Female

9. Marital Status Single Married Widow/Widower Divorced

10. Name of Spouse _____ 10.a. Nationality _____

11. Name of Father _____ 11.a. Nationality _____

12. Name of Mother _____ 12.a. Nationality _____

13 a. Profession _____ 13 b. Name of the Employer _____

14.a. Work address and contact details

Street _____

House/Apt # _____

City _____

State _____

Zip code _____

Phone _____

Fax _____

Email _____

14. b. Home address and contact details

Street _____

House/Apt # _____

City _____

State _____

Zip code _____

Phone _____

Fax _____

Email _____

15. Type of Visa Single Double Multiple Transit

16. Purpose of Visit

Business / Investment Cultural / Scientific Programme Employment in UN/International Organization

Expert(s)/Worker(s)/Teachers/Representatives of Industrial/Educational/Training Organizations/Sport/Artistic Activities

Government Contractual Employment Journalist / Media Missionary Works NGO Works

Official Study / Research Seminar / Conference / Government Delegates

Tourism(including Tablig/Visiting Relatives)

Others (Please Specify) _____

APPLICATION FOR BANGLADESH VISA (PAGE 2 OF 2)

17. Contact details in Bangladesh:

17.a. Address of the institution(s) where you can be contacted

Phone

Fax

Email

17.b. Address where you will stay in Bangladesh

Phone

Fax

Email

18. Expected date of arrival in Bangladesh

_____ [e. g. 26-Mar-1971]

20. Intended duration of stay (days)

19. Port of Entry

21. Have you ever been to Bangladesh? Yes No

22. a. If so, indicate the date and length of stay : 22.b. Date (appx) - from

_____ [e. g. 26-Mar-1971]

to

22.c. Length of stay

23. 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.

Date

_____ [e. g. 26-Mar-1971]

Signature of the applicant

24. a. Money order #

24.b. Issued by

24.c. Amount in US \$

FOR OFFICIAL USE ONLY.

Receipt #

Date

_____ [e. g. 26-Mar-1971]

Amount in US\$

Mode of Service

Mail-In

Walk-In

Received by

Processed by

Signature of the issuing authority

Date

_____ [e. g. 26-Mar-1971]