

!!! COMPLETE FILLABLE FIELDS ONLY PLEASE

D.I.P Form-4(Free of cost)
Web Application



Government of the People's Republic of Bangladesh
Department of Immigration & Passports
Machine Readable Visa Application Form

* This Form Should Be Filled Up In Capital Letters. Put A Check [✓] In Appropriate Box.
* Please Go Through The General Instructions Before Filling Up The Visa Form.
* Name of Office / Bangladesh Mission: WASHINGTON,USA

PERSONAL DETAILS

01. Full Name:
(as in the passport)

First / Given Name(s)

Last / Surname

02. Permanent Address: _____

Contact No.: _____

Email: _____

03. Address in Bangladesh: _____

Contact No.: _____

Email: _____

04. Date of Birth: _____

DD / MM / YYYY

05. Sex:

Male

Female

Others

06. Place of Birth: _____

07. Present Nationality: _____

08. Nationality at Birth: _____

09. Occupation: _____

10. Marital Status:

Single

Married

Seperated

Divorced

Widowed

Invalid

Annulled

Cohabiting

Deceased

Spouse's Death

Engaged

Common Law

None

Others _____

TRAVEL DOCUMENT DETAILS

11. Passport No: _____

12. Type of Passport: _____

13. Place of Issue: _____

14. Date of Issue: _____

DD / MM / YYYY

15. Date of Expiry: _____

DD / MM / YYYY

16. Date of Last Visit to Bangladesh: _____

DD / MM / YYYY

17. Last Visa No.: _____

18. Date of Issue: _____

DD / MM / YYYY

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19. Place of Issue:

20. Date of Expiry: _____
DD / MM / YYYY

PAYMENT DETAILS

21. Name of the Bank and Branch: USPS MONEY ORDER BY PASSPORT VISAS EXPRESS

22. Cheque/Bank Transfer/Chalan/Scroll No.: _____

23. Amount Deposited:
(Taka/US\$)

24. Date: _____
DD / MM / YYYY

NEW VISA

25. Purpose of Visit: Business Dependent Diplomatic Employment Investment
 Official Student Tourism Transit Others

26. Duration of Proposed Stay in Bangladesh: (Please Specify)

27. Tentative Date of Arrival in Bangladesh: _____
DD / MM / YYYY

28. Intended Number of Entries: Single Re-Entry Multiple

EXTENSION OF VISA

29. Name of the Father/Mother/Spouse/Other(Relation): _____

30. Date of Arrival in Bangladesh: _____
DD / MM / YYYY

31. Visa No: _____

32. Type of Visa: _____

33. Date of Issue: _____
DD / MM / YYYY

34. Date of Expiry: _____
DD / MM / YYYY

35. Place of Issue:

36. Purpose of Extension of Visa:

37. Duration of Proposed Extension:

38. Intended Number of Entries: Single Re-Entry Multiple

NO VISA REQUIRED FOR TRAVEL TO BANGLADESH

39. Father's Name:

Nationality:

40. Mother's Name:

Nationality:

41. Spouse Name:

Nationality:

42. Date of Arrival in Bangladesh: _____
DD / MM / YYYY

43. Visa No:

44. Date of Issue: _____
DD / MM / YYYY

45. Date of Expiry: _____
DD / MM / YYYY

46. Place of Issue:

47. Type of Visa:

48. Reason For Proposed NVR:

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49. Amount of Investment (For Investor):

50. Name and Address of Company: _____

TRANSIT/ON ARRIVAL VISA

51. Date of Arrival in Bangladesh: _____ 52. Name of check post:
DD / MM / YYYY

53. Travelled by(Vessel's/Flight/Vehicle Name & No): 54. From:

55. Purpose of Visit to Bangladesh: 56. Duration of Proposed Stay:

CHECK LIST

Recommendation from concern Ministry Authority	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>
Security Clearance / Security Certificate	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
Father's / Husband's / Mother's Visa copy	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>
Passport Copy, Last Visa and Last Arrival Page	<input type="checkbox"/>	Affidavit	<input type="checkbox"/>
Father's / Husband's / Mother's Passport copy	<input type="checkbox"/>	Photo	<input checked="" type="checkbox"/>
N. O. C from Sri Lankan High Commission	<input type="checkbox"/>	Income Tax Certificate of the Company	<input type="checkbox"/>
Bi-Lateral Agreement / Multilateral Agreement	<input type="checkbox"/>	TIN	<input type="checkbox"/>
Trade license of the sponsoring Company	<input type="checkbox"/>	TIN Certificate of the Company	<input type="checkbox"/>
Payment Slip <input checked="" type="checkbox"/> Over stay Payment Slip <input type="checkbox"/>	<input type="checkbox"/>	Others any	<input type="checkbox"/>

I hereby declare that statements given above are true and will not request to refund my paid visa fee even if my Application is declined.

← **YOUR CITY & STATE**

Place: _____

Date: _____
DD / MM / YYYY

Signature

POLICE VERIFICATION

Memo No

Date

DD / MM / YYYY

Information's are found

Correct

Incorrect

If not correct: Reasons:

Signature and Seal of Inquiry Officer

Signature and Seal of Issuing Officer

FOR OFFICIAL USE

Reference No: _____ Date: _____ Amount of Fee: _____

Visa No: _____ Date: _____ Date Expiry: _____

Number of Entries Extension Re-Entry Multiple _____ Entries NVR

Recipient's Signature
Date:

Authorized Signature
Date & Seal

Name of Mission: Embassy of the People's Republic of Bangladesh, Washington DC
Name of Mission : Embassy of People's Republic of Bangladesh, Washington DC.
Chancery Address : 3510 International Drive, Washington DC 20008, USA
International phone code : 1-202 (Washington)
Telephone : 244 0183
Fax : 244 5366, 244 7830
E-Mail : bdcons.wing@gmail.com / mission.washington@mofa.gov.bd
Telegraphic Address : BANGLADOOT, WASHINGTON.
Office Time : 0900 to 1700 hrs. (Monday to Friday)
Local Time : GMT- 4 hrs. (April to October)
GMT- 5 hrs. (November to March)
Weekly Holidays : Saturday and Sunday