

MEDICAL VISA UNDERTAKING

Date: [visa online submission date]

To
Visa Officer
High Commission of India
[Ivac Center], Bangladesh

Subject: Undertaking for Medical Visa Application.

[Your Name], holder of **Passport No. [Your Passport no]**, a citizen of Bangladesh, hereby declare that I am applying for an Indian **Medical Visa** solely for the purpose of receiving advanced medical treatment in India.

I confirm that:

1. The information and documents submitted by me in support of this visa application are true and correct to the best of my knowledge.
2. I intend to undergo medical treatment [Indian hospital name], located in [hospital address]. **India.**
3. I will abide by all the laws, rules, and regulations of the Government of India during my stay.
4. I understand that the Medical Visa is granted only for medical purposes and I will not engage in any activity inconsistent with the conditions of the visa.
5. I undertake to leave India before the expiry of our authorized stay or as directed by the competent authorities.
6. I will bear all expenses related to my travel, accommodation, medical treatment, and other incidental costs, either personally or through my sponsor.
7. I accept full responsibility for complying with all applicable immigration and legal requirements during my stay in India.

I hereby request the High Commission of India to kindly consider my application and grant me a Medical Visa.

Thank you for your kind consideration.

Yours faithfully,

Applicant's Signature: [as per passport]

Applicant's Full Name: [Your full name as per passport]

Passport Number: [passport no]

Mobile Number: [mobile]

Email Address: [email]