



सत्यमेव जयते

**ASST HIGH COMMISSION OF INDIA RAJSHAHI**  
**HOUSE NO-284, SECTOR-2, HOUSING ESTATE**

UPOSHAHAR, RAJSHAHI

00880721861213

Paste your unsigned recent color photograph.  
Size: 2" X 2"



**Visa Application Form**

Signature



BGDRV1B21922

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	SULTANA			
Given Name (As in Passport)	MOST AFIA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	SINGLE	
Date of Birth	17-MAY-2021	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	20218517658118169	Educational Qualification	OTHERS	
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.	B00350151	Date of Issue ( dd/mm/yyyy )	22-JUN-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	21-JUN-2027	
Any other Passport/Identity Certificate held (if yes ,please fill in the following)	NO			
Country of Issue		Place of Issue		
Passport/IC No.		Date of issue (dd/mm/yyyy)		
Nationality/Status				
C. Applicant's Contact Details				
Present Address	BURIR HAT ROAD FLAT NO B-01 RANGPUR RANGPUR, BANGLADESH 5400	Phone No	01918761481	
		Mobile /Cell No	8801918761481	
		Email address	BAPPI2372@GMAIL.COM	
Permanent Address	HASANPUR WORD NO 04, PIRGANJ ABDULLAHPUR- 5470 RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABDULLAH AL MAMUN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MOST SHARMIN SULTANA	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MOST AFIA SULTANA

Application Id : BGDRV1B21922  
Web Registration Date : 02-AUG-2022

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	MULTIPLE
Period of Visa ( Month)	12 Month	Expected Date of Journey	23-AUG-2022
Port Of Arrival	BY AIR	Port of Exit	BY AIR
Required Detail of	MEDICAL VISA		
Hospital Name	SANKARA NETHRALAYA HOSPITAL		
Address	NO- 41 (OLD 18), COLLEGE ROAD, CHENNAI - 600 006		
Doctor Name	DR HENNAAV KAUR DHILLON		
Phone/Fax	+9144-28271616		
Details	PEADIATRIC OPHTHALMOLOGY		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	NO		
Address where You stayed in India	,		
Cities in India Visited			
Type of Visa		Visa Number	
Visa Issued Place		Date of Issue	
Countries visited in last 10 years	NA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	FATHER	Designation/Rank	EXECUTIVE ENGINEER
Employer name/business	BANGLADESH WATER DEVELOPMENT BOARD		
Employer Address	KURIGRAM		
Phone Number			
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	SANKARA NETHRALAYA HOSPITAL NO- 41 (OLD 18), COLLEGE ROAD, CHENNAI - 600 006 CHENNAI TAMIL NADU. +9144-2827 1616,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR HENNAAV KAUR DHILLON	MD ABDULLAH MAMUN	
Address	NO- 41 (OLD 18), COLLEGE ROAD, CHENNAI - 600 006 TAMIL NADU CHENNAI TAMIL NADU	HASANPUR WORD NO 04, ABDULLAHPUR	
Phone Number	+9144-28271616	0171717919109	
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.			

Application Id : BGD/RV1B21922

02-AUG-2022

Date : .....

.....  
Applicant's signature (as in Passport)