



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213

**Visa Application Form**

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

Signature



BGDRV1B1FD22

A. Personal Particulars (As in Passport)

Surname (As in Passport)	SULTANA		
Given Name (As in Passport)	MST SHARMIN		
Previous/other Name if any	Not Applicable		
Gender	FEMALE	Marital Status	MARRIED
Date of Birth	11-JUN-1983	Religion	ISLAM
Place of Birth Town/City	GAIBANDHA	Country of Birth	BANGLADESH
Citizenship /National ID No	9565606689	Educational Qualification	MATRICULATION
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.	EA0167706	Date of Issue (dd/mm/yyyy)	21-MAR-2019
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	20-MAR-2024
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	Phone No	01918761481
	RANGPUR	Mobile /Cell No	8801918761481
	RANGPUR, BANGLADESH 5400	Email address	BAPPI2372@GMAIL.COM
Permanent Address	GOALPARA DHOLVANGA PLASHBARI GAIBANDHA		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD EMDADUL HAQUE SARKER	BANGLADESH	BANGLADESH	GAIBANDHA BANGLADESH
Mother's	MST GOLENUR BEGUM	BANGLADESH	BANGLADESH	GAIBANDHA BANGLADESH
Spouse	MD ABDULLAH AL MAMUN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH

Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : **NO**



MST SHARMIN SULTANA

Web Registration Date : 02-AUG-2022 Application Id : BGDRV1B1FD22

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 FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
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 : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	EXECUTIVE ENGINEER
Employer name/business	BANGLADESH WATER DEVELOPMENT BOARD		
Employer Address			
Phone Number	KURIGRAM		
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 AL MAMUN	
Address	NO- 41 (OLD 18), COLLEGE ROAD, CHENNAI - 600 006 CHENNAI TAMIL NADU	HASANPUR ABDULLAHPUR PIRGANJ	
Phone Number	+9144-28271616	01717919109	
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 : BGD2021B1FD22

02-AUG-2022

Date :

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Applicant's signature (as in Passport)