



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



BGDRV24DB222

Signature

| A. Personal Particulars (As in Passport) | | | | |
|--|---|---|---------------------|------------------------|
| Surname (As in Passport) | MUKTA | | | |
| Given Name (As in Passport) | MST MAHMUDA AKTER | | | |
| Previous/other Name if any | Not Applicable | | | |
| Gender | FEMALE | Marital Status | MARRIED | |
| Date of Birth | 18-DEC-1989 | Religion | ISLAM | |
| Place of Birth Town/City | RANGPUR | Country of Birth | BANGLADESH | |
| Citizenship /National ID No | 2833617547 | Educational Qualification | GRADUATE | |
| 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. | A04626295 | Date of Issue (dd/mm/yyyy) | 11-SEP-2022 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 10-SEP-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 | JAGDISHPUR RANGPUR SADAR RANGPUR, BANGLADESH 5400 | Phone No | 01742919101 | |
| | | Mobile /Cell No | 8801742919101 | |
| | | Email address | BAPPI2373@GMAIL.COM | |
| Permanent Address | UTTOM MIAPARA HAZIRHAT RANGPUR | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | MD MOKLESHAR ROHMAN | BANGLADESH | BANGLADESH | RANGPUR BANGLADESH |
| Mother's | MST PYARA BEGUM | BANGLADESH | BANGLADESH | RANGPUR BANGLADESH |
| Spouse | MD MASHIUR RAHMAM | BANGLADESH | BANGLADESH | RANGPUR BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |

Web Registration Date : 20-SEP-2022 Application Id : BGDRV24DB222



MST MAHMUDA AKTER MUKTA

| 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 | 01-OCT-2022 |
| Port Of Arrival | BY ROAD CHANGRABANDHA | Port of Exit | BY ROAD CHANGRABANDHA |
| Required Detail of | MEDICAL VISA | | |
| Hospital Name | GLENEAGLES GLOBAL HEALTH CITY | | |
| Address | CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU | | |
| Doctor Name | DR PADMA PRIYA VIVEK | | |
| Phone/Fax | +9144 4477 7000 | | |
| Details | GYNECOLOGY | | |
| 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 : of Spouse | | | |
| Present Occupation | HOUSE WIFE | Designation/Rank | ASSISTANT GENERAL MANAGER |
| Employer name/business | DINAJPUR POLLI BIDYUT SAMITI | | |
| Employer Address Phone Number | DINAJPUR BANGLADESH | | |
| 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 | GLENEAGLES GLOBAL HEALTH CITY 439, EMBASSY RESIDENCY RD, CHERAN NAGAR CHENNAI TAMIL NADU. +9144 4477 7000, | | |
| 2 | . | | |
| 3 | . | | |
| 4 | . | | |
| I. Details of Two Reference | | | |
| | In India | In BANGLADESH | |
| Name | DR PADMA PRIYA VIVEK | MD MASHIUR RAHMAN | |
| Address | CHERAN NAGAR, PERUMBAKKAM CHENNAI, TAMIL NADU CHENNAI TAMIL NADU | JAGDISHPUR, RANGPUR SADAR RANGPUR | |
| Phone Number | +9144 4477 7000 | 01742919101 | |
| 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 : BGDRV24DB222

20-SEP-2022

Date :

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