



ASST HIGH COMMISSION OF INDIA RAJSHAHI  
HOUSE NO-284, SECTOR-2, HOUSING ESTATE  
UPOSHAHAR, RAJSHAHI  
00880721861213



## Visa Application Form



BGDRV24DBD22

Signature

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

### A. Personal Particulars (As in Passport)

Surname (As in Passport)	RAHMAN		
Given Name (As in Passport)	MD MASHIUR		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	27-SEP-1980	Religion	ISLAM
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH
Citizenship /National ID No	2388267284	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.	A03759116	Date of Issue ( dd/mm/yyyy )	29-AUG-2022
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	28-AUG-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	HRBAPPI2373@GMAIL.COM
Permanent Address	JADDISHPUR RANGPUR SADAR RANGPUR		

### D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOSLEM UDDIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST NUR BANU BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	MST MAHMUDA AKTER MUKTA	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH

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



MD MASHIUR RAHMAN

Web Registration Date : 20-SEP-2022 Application Id : BGDRV24DBD22

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 FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	VELLORE, TAMIL NADU		
Cities in India Visited	VELLORE		
Type of Visa	TOURIST VISA	Visa Number	VI1138616
Visa Issued Place	DHAKA	Date of Issue	19-JUN-2012
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	GOVERNMENT SERVICE	Designation/Rank	ASSISTANT GENERAL MANAGER
Employer name/business	DINAJPUR PALLI BIDYUT SAMITY		
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	MST NUR BANU BEGUM	
Address	CHERAN NAGAR, PERUMBAKKAM CHENNAI, TAMIL NADU CHENNAI TAMIL NADU	JAGDISHPUR, RANGPUR SADAR  RANGPUR	
Phone Number	+9144 4477 7000	01825401712	
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 : BGDRV24DBD22

20-SEP-2022

Date : .....

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