

## 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



BGDR	V1BF4D								
A. Personal Pa	rticular	s (As in Pa	ssport)						
Surname (As in Passport)			HOSSAIN						
Given Name (As in Passport)			MD EMRAN						
Previous/other Name if any			Not Applicable						
Gender			MALE	Marital Status				MARRIED	
Date of Birth			08-NOV-1992		Religion				ISLAM
Place of Birth Town/City			NAOGAON		Country of Birth			BANGLADESH	
Citizenship /National ID No			19926410342000133 Educational Qualification			1	BELOW MATRICULATION		
Visible identification marks			NIL						
<b>Current Nationality</b>		BANGLADESH		Nationality by Birth/ Naturalization			BY BIRTH		
Any Other Previous/Past Natio			onality		Not Applicable				
B. Passport De	etails								
Passport No. B0066667		Date o		of Issue ( dd/mm/yyyy )		24-JUL-2022			
Place of Issue DHAKA		Date of		of Expiry ( dd/mm/yyyy )		23-JUL-2032			
Any other Passport/Identity Certificate held (if yes			ficate held (if yes ,please	e fill in the following)			NO		
Country of Issue				Place of Issue					
Passport/IC No.				Date of issue (dd/mm/yyyy)			ууу)		
Nationality/Status									
C. Applicant's	Contact	Details							
Present		CHAKSIMLA ATRAI HAT MOJAHARGANJ		Phone No			01731048318		
Address		6597 NAOGAON		Mobile /Cell No			88001731048318		318
		NAOGAON, BANGLADESH 6597		Email address		HOSSAIN77@GMAIL.COM			
Permanent CHAKSIMLA ATRAI HAT MOJAHARGANJ Address 6597 NAOGAON NAOGAON									
D. Family Deta	ils								
Relation	Name			Nation	ality	Prev	. Nationali	ity	Place/Country of Birth
									NIACCACNI





E. Details of Visa Sought	(Visa shall be valid from the Date	e 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	<b>Expected Date of Journey</b>	25-AUG-2022						
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR						
Required Detail of MEDICAL VISA									
Hospital Name MGM HEALTHCARE									
Address	NO 54, OLD, 72, NELSON MANIC	54, OLD, 72, NELSON MANICKAM RD, AMINJIKARAI, C							
<b>Doctor Name</b>									
Phone/Fax									
Details									
Purpose of Visit: FOR PA	ATIENTS								
F. Previous Visit Details									
Have You Ever visited India ? NO									
Address where You staye India	d in								
Cities in India Visited									
Type of Visa		Visa Number							
Visa Issued Place		Date of Issue							
Countries visited in last 10 years									
Have you been refused ar from India?	Indian Visa or extension of the	same previously or deporte	d NO						
G. Profession/Occupation D	etails:								
Present Occupation	FARMER	Designation/Rank							
Employer name/business	NA	NA							
Employer Address Phone Number	CHAKSIMLA ATRAI HAT MOJA 01731048318	CHAKSIMLA ATRAI HAT MOJAHARGANJ 6597 NAOGAON 01731048318							
Past occupation if any									
Are/have you worked with A	rmed forces/ Police/ Para Military for	d forces/ Police/ Para Military forces ?							
Organization		Designation							
Place of Posting		Rank							
H. Address of Place of Stay	/ Hotel								
Place/Hotel Name Address of Place / Hotel State Phone No									
1 MD TUHIN MAHMUD DO	ULOTPUR HATGACHE ETAHAR M	IALDA MALDA WEST BENGA	L. +919851242825,						
2 .,									
3 .,									
4 .,									
I. Details of Two Reference									
	In India	In BA	NGLADESH						
Name	MD TUHIN MAHMUD	MD TUHIN MAHMUD LAILATUN NESA							
Address	DOULOTPUR HATGACHE ETAHAR MALDA INDIA MALDA WEST BENGAL	CHAKSIMLA ATRAI HAT MOJAHARGANJ							
Phone Number	+919851242825	01731048318							
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## 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.

	08-AUG-2022	
Date :		Applicant's signature (as in Passport)