



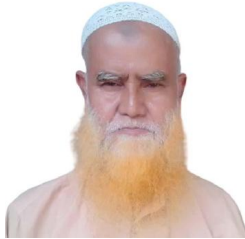
सत्यमेव जयते

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

UPOSHAHR , RAJSHAHI

00880721861213

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



Visa Application Form

Signature



BGDRV2C59B22

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ALI			
Given Name (As in Passport)	MD HOSEN			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	16-MAR-1962	Religion	ISLAM	
Place of Birth Town/City	RAJSHAHI	Country of Birth	BANGLADESH	
Citizenship /National ID No	8115340399782	Educational Qualification	BELOW MATRICULATION	
Visible identification marks	NIL			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	BY0751382	Date of Issue (dd/mm/yyyy)	04-FEB-2019	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	03-FEB-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	GOSA GOCHA MOHANPUR RAJSHAHI RAJSHAHI, BANGLADESH 6220	Phone No	01723542273	
		Mobile /Cell No	88001723542273	
		Email address	MOSSARROFH@GMAIL.COM	
Permanent Address	GOSA GOCHA MOHANPUR RAJSHAHI RAJSHAHI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	LOKMAN	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Mother's	MOFIZAN	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Spouse	AYSHA BIBI	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD HOSEN ALI

Web Registration Date : 26-OCT-2022 Application Id : BGDRV2C59B22

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)	6 Month	Expected Date of Journey	20-NOV-2022
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	MGM HEALTHCARE		
Address	NO 54, OLD, 72, NELSON MANICKAM RD, AMINJIKARAI, C		
Doctor Name			
Phone/Fax			
Details			
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			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	FARMER	Designation/Rank	
Employer name/business	NA		
Employer Address			
Phone Number	GOSA GOCHA MOHANPUR RAJSHAHI		
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	MD TUHIN MAHMUD DOULOTPUR HATGACHE ETAHAR MALDA MALDA WEST BENGAL.		+919851242825,
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	MD TUHIN MAHMUD	MOSARAF	
Address	DOULOTPUR HATGACHE ETAHAR MALDA MALDA WEST BENGAL	GOSA GOCHA MOHANPUR RAJSHAHI	
Phone Number	+919851242825	01723542273	
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 : BGDV2C59B22

26-OCT-2022

Date :

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Applicant's signature (as in Passport)