



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



BGDRV3429B22

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	HAQUE			
Given Name (As in Passport)	MD MORSHEDUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	11-MAY-1989	Religion	ISLAM	
Place of Birth Town/City	LALMONIRHAT	Country of Birth	BANGLADESH	
Citizenship /National ID No	5213935618957	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.	BX0337246	Date of Issue (dd/mm/yyyy)	07-OCT-2018	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	06-OCT-2023	
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	UTTAR DALGRAM, WARD- 02 KALIGANJ LALMONIRHAT, BANGLADESH 5520	Phone No	01719360136	
		Mobile /Cell No	8801719360136	
		Email address	BAPPI2372@GMAIL.COM	
Permanent Address	UTTAR DALGRAM, WARD- 02 KALIGANJ LALMONIRHAT			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABDUS SAMAD	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Mother's	MST AMINA BEGUM	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Spouse	MST KANIZ FATEMA	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD MORSHEDUL HAQUE

Web Registration Date : 29-NOV-2022 Application Id : BGDRV3429B22

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	15-DEC-2022
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	MGM HEALTHCARE		
Address	NO 54, OLD, 72, NELSON MANICKAM RD, AMINJIKARAI		
Doctor Name	DR SUDHARSAN SB		
Phone/Fax	+91 9962011093		
Details	UROLOGY		
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 :			
Present Occupation	GOVERNMENT SERVICE	Designation/Rank	FAMILY PLANNING INSPECTOR
Employer name/business	DIRECTORATE GENERAL OF FAMILY PLANNING		
Employer Address Phone Number	DALGRAM UNION, KALIGANJ, LALMONIRHAT		
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	MGM HEALTHCARE NELSON MANICKAM RD, AMINJIKARAI CHENNAI TAMIL NADU.		+9144 4524 2407,
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR SUDHARSAN SB	MD MOMINUL HAQUE	
Address	NO 54, OLD, 72, NELSON MANICKAM RD, AMINJIKARAI CHENNAI TAMIL NADU	UTTAR DALGRAM WARD- 02 KALIGANJ, LALMONIRHAT	
Phone Number	+91 9962011093	01719360136	
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 : BGDRV3429B22

29-NOV-2022

Date :

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Applicant's signature (as in Passport)