



सत्यमेव जयते

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

00880721861213



Visa Application Form

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

Signature



BGDRV34E2822

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	KHALEQUE			
Given Name (As in Passport)	MD ABDUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	18-MAR-1960	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	7799495242	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.	A05838318	Date of Issue (dd/mm/yyyy)	23-NOV-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	22-NOV-2032	
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	HOUSE NO -17 , 2/1 LALKUTHI LANE KOTWALI METRO RANGPUR, BANGLADESH 5400	Phone No	01718009088	
		Mobile /Cell No	8801718009088	
		Email address	HR.DOCTORLINKBD@GMAIL.COM	
Permanent Address	HOUSE -17 , 2/1 LALKUTHI LANE KOTWALI METRO RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	BABAR ALI	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST HAMIZA KHATUN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	MST KOHINUR BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD ABDUL KHALEQUE

Web Registration Date : 03-DEC-2022 Application Id : BGDRV34E2822

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	24-DEC-2022
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	ARTEMIS HOSPITAL GURGAON		
Address	SECTOR 51, GURUGRAM, HARYANA 122001		
Doctor Name	DR IPS OBEROI		
Phone/Fax	+91124 451 1111		
Details	ORTHOPEdic		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
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	KINGDOM OF SAUDI ARABIA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	RETIRED	Designation/Rank	SENIOR OFFICER
Employer name/business	RAJSHAHI KRISHI UNNOYON BANK		
Employer Address	ZONAL OFFICE RANGPUR		
Phone Number			
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	ARTEMIS HOSPITAL GURGAON SECTOR 51, GURUGRAM, HARYANA 122001 GURGAON HARYANA.		+91124 451 1111,
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR IPS OBEROI	MOHAMMAD KAMRUL ISLAM	
Address	SECTOR 51, GURUGRAM, HARYANA 122001 GURGAON HARYANA	HOUSE -17 , DHAP LALKUTHI LANE KOTWALI, RANGPUR	
Phone Number	+91124 451 1111	01717818785	
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 : BGDRV34E2822

03-DEC-2022

Date :

 Applicant's signature (as in Passport)