



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

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

00880721861213



**Visa Application Form**

Signature



BGDRV39F0022

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RAZZAK			
Given Name (As in Passport)	MD ABDUR			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	15-MAY-1979	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	4183860479	Educational Qualification	MATRICULATION	
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.	A05913156	Date of Issue ( dd/mm/yyyy )	05-DEC-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	04-DEC-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	UTTOM BANIYA PARA HAZIRHAT RANGPUR, BANGLADESH 5400	Phone No	01725183551	
		Mobile /Cell No	8801725183551	
		Email address	FUSITIVELEMON099@GMAIL.COM	
Permanent Address	UTTOM BANIYA PARA HAZIRHAT RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	HASEM UDDIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST PORIZON	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	KAJI MAMTAZ AKTER	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 26-DEC-2022 Application Id : BGDRV39F0022



MD ABDUR RAZZAK

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	20-JAN-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	MGM HEALTHCARE		
Address	NELSON MANICKAM RD, AMINJIKARAI, CHENNAI		
Doctor Name	DR SRIDHAR K		
Phone/Fax	+9144 4524 2407		
Details	NEUROSURGERY		
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	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	FARMER	Designation/Rank	
Employer name/business	AGRICULTURE		
Employer Address	UTTOM BANIYA PARA, 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	MGM HEALTHCARE NELSON MANICKAM RD, AMINJIKARAI, CHENNAI CHENNAI TAMIL NADU.		+91 444524 2407,
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR SRIDHAR K	KAJI MAMTAZ AKTER	
Address	NELSON MANICKAM RD, AMINJIKARAI, CHENNAI CHENNAI TAMIL NADU	UTTOM BANIYA PARA, HAZIRHAT RANGPUR	
Phone Number	+9144 4524 2407	01776783454	
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 : BGDRV39F0022

26-DEC-2022

Date : .....

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Applicant's signature (as in Passport)