



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



BGDRV33B1B22

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	JABIR			
Given Name (As in Passport)	ATEB JAHIN AL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	24-JAN-2009	Religion	ISLAM	
Place of Birth Town/City	BOGURA	Country of Birth	BANGLADESH	
Citizenship /National ID No	20091027504027758	Educational Qualification	NA BEING MINOR	
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.	EA0654090	Date of Issue ( dd/mm/yyyy )	14-MAY-2019	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	13-MAY-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	UTTAR SAHA PARA SHERPUR SHERPUR BOGURA BOGURA, BANGLADESH 5840	Phone No	01711668573	
		Mobile /Cell No	88001711668573	
		Email address	JABIR55@GMAIL.COM	
Permanent Address	UTTAR SAHA PARA SHERPUR SHERPUR BOGURA BOGURA			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	JAHEDUL ISLAM	BANGLADESH	BANGLADESH	BOGURA BANGLADESH
Mother's	SALMA AKTAR	BANGLADESH	BANGLADESH	BOGURA BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



ATEB JAHIN AL JABIR

Web Registration Date : 27-NOV-2022 Application Id : BGDRV33B1B22

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-DEC-2022
Port Of Arrival	BY RAIL GEDE/BYROAD HARIDASPUR	Port of Exit	BY RAIL GEDE/BYROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HEALTH CITY		
Address	439, EMBASSY RESIDENCY RD, CHERAN NAGAR, PERUMBAKK		
Doctor Name			
Phone/Fax			
Details			
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	KOLKATA INDIA ,		
Cities in India Visited	KOLKATA		
Type of Visa	MEDICAL VISA	Visa Number	VL4603611
Visa Issued Place	DHAKA	Date of Issue	05-DEC-2019
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	DEPENDENT ON FATHER	Designation/Rank	
Employer name/business	NA		
Employer Address Phone Number	UTTAR SAHA PARA SHERPUR SHERPUR BOGURA		
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	JAHEDUL ISLAM	
Address	DOULOTPUR HATGACHE ETAHAR MALDA INDIA MALDA WEST BENGAL	UTTAR SAHA PARA SHERPUR SHERPUR BOGURA	
Phone Number	+919851242825	01711668573	
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 : BGDREV33B1B22

27-NOV-2022

Date : .....

.....  
Applicant's signature (as in Passport)