



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

00880721861213



Visa Application Form



BGDRV0282D23

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

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	JAHAN			
Given Name (As in Passport)	MOST MOSHREFA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	09-OCT-2000	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	6462779213	Educational Qualification	HIGHER SECONDARY	
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.	A06165280	Date of Issue (dd/mm/yyyy)	17-DEC-2022	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	16-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	HASANER PARA MITHA PUKUR RANGPUR, BANGLADESH 5460	Phone No	0170420538	
		Mobile /Cell No	8800170420538	
		Email address	MIRAJ.AHMED.009@GMAIL.COM	
Permanent Address	DURGAPUR NOYA PARA MITHA PUKUR RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOKLASAR RAHMAN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	SABINA YESMIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	MIRAJ AHMED	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MOST MOSHREFA JAHAN

Web Registration Date : 14-JAN-2023 Application Id : BGDRV0282D23

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	10-FEB-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	IDA SCUDDER RD, VELLORE, TAMIL NADU 632004		
Doctor Name	DR ALFRED JOB DANIEL		
Phone/Fax	+91 94987 60000		
Details	ORTHOPAEDIC		
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 : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	
Employer name/business	AGRICULTURE		
Employer Address	HASANER PARA, MITHA PUKUR, 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	CHRISTIAN MEDICAL COLLEGE IDA SCUDDER RD, VELLORE, TAMIL NADU 632004 VELLORE TAMIL NADU. +91 94987 60000,		
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR ALFRED JOB DANIEL	MIRAJ AHMED	
Address	IDA SCUDDER RD, VELLORE TAMIL NADU 632004 VELLORE TAMIL NADU	HASANER PARA, MITHA PUKUR RANGPUR	
Phone Number	+91 94987 60000	01717369753	
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 : BGDRV0282D23

14-JAN-2023

Date :

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