



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



BGDRV046B523

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	SARKER			
Given Name (As in Passport)	SHESHIN CHANDRA			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	19-NOV-1965	Religion	HINDU	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	1917258368	Educational Qualification	POST 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.	BY0259128	Date of Issue (dd/mm/yyyy)	17-DEC-2018	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	16-DEC-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	KURSHA, BAZAR ROAD TARAGANJ RANGPU, BANGLADESH 5420	Phone No	01930704349	
		Mobile /Cell No	8801930704349	
		Email address	SSS127956@GMAIL.COM	
Permanent Address	KURSHA , BAZAR ROAD TARAGANJ RANGPU			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	RASHIK CHANDRA SAR	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MOYNA RANI	BANGLADESH	BAHRAIN	RANGPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



SHESHIN CHANDRA SARKER

Web Registration Date : 23-JAN-2023 Application Id : BGDRV046B523

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)	6 Month	Expected Date of Journey	15-FEB-2023
Port Of Arrival	BY ROAD HILI	Port of Exit	BY ROAD HILI
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HOSPITALS		
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR MURUGANANDHAM K		
Phone/Fax	+9144 4477 7000		
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	PRIVATE SERVICE	Designation/Rank	HEAD TEACHER
Employer name/business	KURSHA ADORSHA HIGH SCHOOL		
Employer Address	TARAGANJ, 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	GLENEAGLES GLOBAL HOSPITALS CHERAN NAGAR, PERUMBAKKAM CHENNAI TAMIL NADU.		+91 444477 7000,
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR MURUGANANDHAM K	INDROJIT ROY	
Address	439, EMBASSY RESIDENCY RD, SHOLINGANALLUR, CHERAN NAGAR, PERUMBAKKAM CHENNAI TAMIL NADU	THANAPARA, RANGPUR	
Phone Number	+9144 4477 7000	01721518828	
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 : BGDRV046B523

23-JAN-2023

Date :

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Applicant's signature (as in Passport)