



ASST HIGH COMMISSION OF INDIA RAJSHAHI  
HOUSE NO-284, SECTOR-2, HOUSING ESTATE  
UPOSHAHAR, RAJSHAHI  
00880721861213



## Visa Application Form



Signature

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

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RAHMAN			
Given Name (As in Passport)	MOHAMMAD MOSTAFIZAR			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	18-AUG-1987	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	6449496584	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.	EF0102441	Date of Issue ( dd/mm/yyyy )	18-DEC-2019	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	17-DEC-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	HOUSE- 26, DHAP LALKUTI LEN RANGPUR SADAR RANGPUR, BANGLADESH 5400	Phone No	01735980521	
		Mobile /Cell No	8801735980521	
		Email address	INFO.DOCTORLINKBD@GMAIL.COM	
Permanent Address	HOUSE- 26, DHAP LALKUTI LEN RANGPUR SADAR RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SAMSUL ISLAM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	RANGINA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	HABIBA YESMIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MOHAMMAD MOSTAFIZAR RAHMAN

Web Registration Date : 05-FEB-2023 Application Id : BGDRV06D5523

<b>E. Details of Visa Sought</b> (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	18-FEB-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
<b>Required Detail of MEDICAL VISA</b>			
Hospital Name	FORTIS HOSPITAL		
Address	730, ANANDAPUR, E.M. BYPASS ROAD, KOLKATA		
Doctor Name	DR SATYAM CHAKRABORTY		
Phone/Fax	03366284444		
Details	ENDOCRINOLOGY		
<b>Purpose of Visit : FOR PATIENTS</b>			
<b>F. Previous Visit Details</b>			
Have You Ever visited India ?	YES		
Address where You stayed in India	730, ANANDAPUR, E.M. BYPASS ROAD KOLKATA ,		
Cities in India Visited	KOLKATA, DELHI		
Type of Visa	MEDICAL VISA	Visa Number	VL7210229
Visa Issued Place	DHAKA	Date of Issue	20-JUL-2022
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		
<b>G. Profession/Occupation Details :</b>			
Present Occupation	LAWYER	Designation/Rank	
Employer name/business	RANGPUR BAR ASSOCIATION		
Employer Address			
Phone Number	MEMBER		
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?	NO		
Organization		Designation	
Place of Posting		Rank	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	FORTIS HOSPITAL 730, ANANDAPUR, E.M. BYPASS ROAD, KOLKATA KOLKATA WEST BENGAL.		033 6628 4444,
2	.		
3	.		
4	.		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	DR SATYAM CHAKRABORTY	RANGINA BEGUM	
Address	730, ANANDAPUR, E.M. BYPASS ROAD KOLKATA KOLKATA WEST BENGAL	HOUSE- 26, DHAP LALKUTI, RANGPUR	
Phone Number	03366284444	01716229445	
<b>K. DECLARATION</b>			
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 : BGD552306DRV06

05-FEB-2023

Date : .....

Applicant's signature (as in Passport)

Biometric Enrollment is not required till 30/11/2025.