



सत्यमेव जयते

# HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )

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



## Visa Application Form



BGDDV38BD523

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RAHMAN			
Given Name (As in Passport)	MD ASIF			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	22-DEC-1988	Religion	ISLAM	
Place of Birth Town/City	THAKURGAON	Country of Birth	BANGLADESH	
Citizenship /National ID No	1947861785	Educational Qualification	GRADUATE	
Visible identification marks	NO			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	A06246046	Date of Issue ( dd/mm/yyyy )	21-DEC-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	20-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	130 WEST HAZIPARA MAIN POST OFFICE GHAKURGAON SADAR THAKURGAON, BANGLADESH 5100	Phone No	01717722344	
		Mobile /Cell No	88001717722344	
		Email address	ISRATMIMJUL1999@GMAIL.COM	
Permanent Address	130 WEST HAZIPARA MAIN POST OFFICE GHAKURGAON SADAR THAKURGAON			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD OBAIDUR RAHMAN	BANGLADESH	BANGLADESH	THAKURGAON BANGLADESH
Mother's	MST NELUFAR YESMIN	BANGLADESH	BANGLADESH	THAKURGAON BANGLADESH
Spouse	FARIA RAHMAN	BANGLADESH	BANGLADESH	THAKURGAON BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : <b>NO</b>				



MD ASIF RAHMAN

Web Registration Date : 27-FEB-2023 Application Id : BGDDV38BD523

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	16-MAR-2023
Port Of Arrival	BY ROAD HARIDASPUR	Port of Exit	BY ROAD HARIDASPUR
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HEALTH CITY		
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU INDIA		
Doctor Name	DR NIDHI SINGH		
Phone/Fax	+91 9952889244		
Details	DERMATOLOGY		
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	NO		
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	SENIOR PRINCIPAL OFFICER
Employer name/business	NATIONAL BANK LIMITED		
Employer Address	116/1, KAZI NAZRUL ISLAM AVENUE, BANGLAMOTOR		
Phone Number	DHAKA 88-02-55138301		
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 HEALTH CITY PERUMBAKKAM, CHENNAI, TAMIL NADU 600100, INDIA CHENNAI TAMIL NADU.		
2	+91 9952889244,		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR NIDHI SINGH	MD OBAIDUR RAHMAN	
Address	PERUMBAKKAM, CHENNAI, TAMIL NADU INDIA CHENNAI TAMIL NADU	POCHIM HAZIPARA WARD 05 THAKURGAON SADAR THAKURGAON	
Phone Number	+91 9952889244	01716245751	
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 : BGDDV38BD523

27-FEB-2023

Date : .....

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Applicant's signature (as in Passport)