



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213



Visa Application Form



BGDRV0BE5D23

Signature

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

A. Personal Particulars (As in Passport)

Surname (As in Passport)	ISLAM		
Given Name (As in Passport)	MD ALAMGIR		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	15-SEP-1991	Religion	ISLAM
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH
Citizenship /National ID No	2828721098	Educational Qualification	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.	A06882233	Date of Issue (dd/mm/yyyy)	01-FEB-2023
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	31-JAN-2033
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	BINNAKURI MAJAR	Phone No	01737475858
	JALDHAKA	Mobile /Cell No	88001737475858
	NILPHAMARI, BANGLADESH 5330	Email address	INFO.DOCTORLINKBD@GMAIL.COM
Permanent Address	BINNAKURI MAJAR JALDHAKA NILPHAMARI		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ALIAS RAHMAN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	ANOARA BEGUM	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	LUCKY AKTAR BANU	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH

Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO



MD ALAMGIR ISLAM

Web Registration Date : 01-MAR-2023 Application Id : BGDRV0BE5D23

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	13-MAR-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HEALTH CITY		
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR PADMAPRIYA VIVEK		
Phone/Fax	+9144 4477 7000		
Details	GYNAECOLOGY		
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	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	FARMER	Designation/Rank	
Employer name/business	AGRICULTURE		
Employer Address	BINNAKURI, JALDHAKA, NILPHAMARI		
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 HEALTH CITY SHOLINGANALLUR, CHERAN NAGAR, PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU. +9144 4477 7000,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR PADMAPRIYA VIVEK	LUCKY AKTAR BANU	
Address	439, EMBASSY RESIDENCY RD, SHOLINGANALLUR CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU CHENNAI TAMIL NADU	BINNAKURI, JALDHAKA NILPHAMARI	
Phone Number	+9144 4477 7000	01308171392	
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 : BGDRV0BE5D23

01-MAR-2023

Date :

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Applicant's signature (as in Passport)