



सत्यमेव जयते

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

00880721861213



Visa Application Form

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

Signature



BGDRV0BE4523

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	BANU			
Given Name (As in Passport)	LUCKY AKTAR			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	15-MAR-1985	Religion	ISLAM	
Place of Birth Town/City	LALMONIRHAT	Country of Birth	BANGLADESH	
Citizenship /National ID No	8663501628	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.	A06740863	Date of Issue (dd/mm/yyyy)	25-JAN-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	24-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 JALDHAKA NILPHAMARI, BANGLADESH 5330	Phone No	01308171392	
		Mobile /Cell No	8801308171392	
		Email address	INFO.DOCTORLINKBD@GMAIL.COM	
Permanent Address	SHAHEB DANGA RASULGANJ PATGRAM LALMONIRHAT			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD LOTFAR RAHMAN	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Mother's	MST HAOA BEGUM	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Spouse	MD ALAMGIR ISLAM	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 01-MAR-2023 Application Id : BGDRV0BE4523



LUCKY AKTAR BANU

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 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	GOVERNMENT SERVICE	Designation/Rank	ASSISTANT TEACHER
Employer name/business	KHARIJA UPEN CHAWKY GOVT PRIMARI SCHOOL		
Employer Address	PATGRAM LALMONIRHAT		
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	MD ALAMGIR ISLAM	
Address	439, EMBASSY RESIDENCY RD, SHOLINGANALLUR CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU CHENNAI TAMIL NADU	BINNAKURI, JALDHAKA, NILPHAMARI	
Phone Number	+9144 4477 7000	01737475858	
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 : BGDROBE4523

01-MAR-2023

Date :

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Applicant's signature (as in Passport)