



सत्यमेव जयते

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

UPOSHAHR, RAJSHAHI

00880721861213

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



## Visa Application Form



BGDRV0A11A23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	SAMSUZZAMAN			
Given Name (As in Passport)	MD			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	01-MAR-1984	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	4637971252	Educational Qualification	GRADUATE	
Visible identification marks	NIL			
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality	Not Applicable			
B. Passport Details				
Passport No.	A06548366	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)				YES
Country of Issue	BANGLADESH	Place of Issue	DHAKA	
Passport/IC No.	EG0364427	Date of issue (dd/mm/yyyy)	30-JUL-2020	
Nationality/Status	BANGLADESH			
C. Applicant's Contact Details				
Present Address	SIRAJ 1, WORD-2, MITHA PUKUR KHORAGACH RANGPUR, BANGLADESH 5431	Phone No	01728753521	
		Mobile /Cell No	8801728753521	
		Email address	RAMONLINEBD@GMAIL.COM	
Permanent Address	SIRAJ 1, WORD-2, MITHA PUKUR KHORAGACH RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABU BAKAR SIDDIQ	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	SHAZEDA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD SAMSUZZAMAN

Web Registration Date : 19-FEB-2023 Application Id : BGDRV0A11A23

<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	15-MAR-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	<b>MEDICAL VISA</b>		
Hospital Name	CHRISTIAN MEDICAL COLLEGE AND HOSPITAL		
Address	IDA SCUDDER ROAD, VELLORE		
Doctor Name	DR SADANALA MADHURI EVANGELINE		
Phone/Fax	+91 416 2281000		
Details	UROLOGY		
Purpose of Visit : FOR PATIENTS			
<b>F. Previous Visit Details</b>			
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			
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	PRIVATE SERVICE	Designation/Rank	ASSISTANT TEACHER
Employer name/business	KHORAGACH BOHUMUKHI HIGH SCHOOL AND COLLEGE		
Employer Address	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	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	CHRISTIAN MEDICAL COLLEGE AND HOSPITAL IDA SCUDDER ROAD, VELLORE VELLORE TAMIL NADU. +91 416 2281000,		
2	.		
3	.		
4	.		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	CHRISTIAN MEDICAL COLLEGE AND HOSPITAL	MD KHAIRUL ISLAM	
Address	IDA SCUDDER ROAD, VELLORE VELLORE TAMIL NADU	RANGPUR	
Phone Number	+91 416 2281000	01723648091	
<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 : BGDRV0A11A23

19-FEB-2023

Date : .....

.....  
Applicant's signature (as in Passport)