



सत्यमेव जयते

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

UPOSHAHR, RAJSHAHI

00880721861213



Visa Application Form

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

Signature



BGDRV0DB1223

A. Personal Particulars (As in Passport)

Surname (As in Passport)	MOHONTA		
Given Name (As in Passport)	KANAI		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	12-APR-1957	Religion	HINDU
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH
Citizenship /National ID No	8524905061994	Educational Qualification	MATRICULATION
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.	BX0180096	Date of Issue (dd/mm/yyyy)	23-SEP-2018
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	22-SEP-2023
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	GOMOSTA PARA, LICHU BAGAN ROAD-01, RANGPUR SADAR, KOTWALI RANGPUR, BANGLADESH 5400	Phone No	01741695985
		Mobile /Cell No	8801741695985
		Email address	RAMONLINEBD@GMAIL.COM
Permanent Address	GOMOSTA PARA, LICHU BAGAN ROAD-01, RANGPUR SADAR, KOTWALI RANGPUR		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	JAMENI MOHONTO	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	SANTI RANI MOHONTO	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	CHABI RANI MOHONTA	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH

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



KANAI MOHONTA

Web Registration Date : 11-MAR-2023 Application Id : BGDRV0DB1223

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	05-APR-2023
Port Of Arrival	BY ROAD HILI	Port of Exit	BY ROAD HILI
Required Detail of	MEDICAL VISA		
Hospital Name	CHRISTIAN MEDICAL COLLEGE AND HOSPITAL		
Address	IDA SCUDDER ROAD, VELLORE		
Doctor Name	ANCY ELSA THOMAS		
Phone/Fax	+91 416 2281000		
Details	PULMONARY MEDICINE		
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	WEST BENGAL KOLKATA ,		
Cities in India Visited	KOLKATA		
Type of Visa	MEDICAL VISA	Visa Number	VL5547443
Visa Issued Place	RAJSHAHI	Date of Issue	11-MAY-2022
Countries visited in last 10 years			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	BUSINESS PERSON	Designation/Rank	PROPRIETOR
Employer name/business	MOHONTA TREDARS		
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	
H. Address of Place of Stay / Hotel			
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	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	CHRISTIAN MEDICAL COLLEGE AND HOSPITAL	GAUTOM MOHONTO	
Address	IDA SCUDDER ROAD, VELLORE VELLORE TAMIL NADU	RANGPUR	
Phone Number	+91 416 2281000	01712265386	
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 : BGDRV0DB1223

11-MAR-2023

Date :

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Applicant's signature (as in Passport)