

ASST HIGH COMMISSION OF INDIA RAJSHAHI

HOUSE NO-284, SECTOR-2, HOUSING ESTATE

UPOSHAHAR, RAJSHAHI

00880721861213

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



Visa Application Form

Signature

A. Personal Particulars (As in Passport) Surname (As in Passport) **BEGUM** Given Name (As in Passport) MST RUPOSI Previous/other Name if any Not Applicable **FEMALE Marital Status MARRIED** Gender Date of Birth 04-MAY-1975 Religion **ISLAM** Place of Birth Town/City **RANGPUR Country of Birth BANGLADESH** Citizenship /National ID No 3294817915 **Educational Qualification MATRICULATION** Visible identification marks **Current Nationality** Nationality by Birth/ **BANGLADESH Naturalization** BY BIRTH Any Other Previous/Past Nationality Not Applicable **B. Passport Details** Passport No. A07249020 Date of Issue (dd/mm/yyyy) 19-MAR-2023 Place of Issue **DHAKA** Date of Expiry (dd/mm/yyyy) 18-MAR-2028 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 **Phone No** 01743410346 **Present** GONESHPUR, DOLAPARA **Address KOTWALI METRO** Mobile /Cell No 8801743410346 MDAKASHCHOWDHURY313@GMAIL.CO RANGPUR, BANGLADESH 5400 **Email address Permanent** GONESHPUR, DOLAPARA Address **KOTWALI METRO** RANGPUR D Family Details

D. Faililly De	lans				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth	
Father's	MOFAJJAL KHANDOKER	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH	
Mother's	MST HOSNEARA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH	
Spouse	MD SHAHADAT HOSSAIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH	
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO					



E. Details of Visa Sought	(Visa	a shall be valid from the Dat	e of Issue and not from the	Date of	Journey)		
Type Of Visa Required	MED	ICAL VISA	No of Entries M		MULTIPLE		
Period of Visa (Month) 12		onth	Expected Date of Journey	12-APF	12-APR-2023		
Port Of Arrival BY		OAD CHANGRABANDHA	Port of Exit	BY RO	BY ROAD CHANGRABANDHA		
Required Detail of	MEDIC	AL VISA					
Hospital Name ARTEMIS HOSPITAL							
Address SE		CTOR 51, GURUGRAM, HARYANA-122001					
Doctor Name DR		ADITYA GUPTA					
Phone/Fax +9		124 4588 888					
Details NE		UROSURGERY					
Purpose of Visit: FOR	FOREI	GN NATIONALS COMING AS	S MEDICAL ATTENDANTS				
F. Previous Visit Details							
Have You Ever visited Ir	ndia ?	NO					
Address where You stay India	ed in	,					
Cities in India Visited							
Type of Visa			Visa Number				
Visa Issued Place			Date of Issue				
Countries visited in last years	10	NA					
Have you been refused from India?	an Indi	an Visa or extension of the	same previously or deporte	d NO			
G. Profession/Occupation	Details	s : of Spouse					
Present Occupation	H	HOUSE WIFE Designation/Rank					
Employer name/busines	s F	FARMER					
Employer Address Phone Number		GONESHPUR, DOLAPARA, KOTWALI METRO, RANGPUR					
Past occupation if any							
Are/have you worked with	Armed	I forces/ Police/ Para Military f	orces ?				
Organization			Designation				
Place of Posting			Rank				
H. Address of Place of Sta	y / Hot	el					
Place/Hotel Name Add	dress	of Place / Hotel		State	Phone No		
1 ARTEMIS HOSPITAL S	ECTOR	R 51, GURUGRAM, HARYANA	-122001 GURGAON HARYAI	NA. +911	124 4588 888,		
2 .,							
3 .,							
4 .,							
I. Details of Two Reference	е						
In India			In BANGLADESH				
Name		OR ADITYA GUPTA	MD SHAHADAT HOSSAIN				
Address		SECTOR 51, GURUGRAM, HARYANA-122001 GURGAON HARYANA	GONESHPUR, DOLAPARA, BOROBARI KOTWALI METRO				
Phone Number		91124 4588 888	-				
Phone Number		0 1 12T TOOU 000	01760882890				

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.

	01-APR-2023	
Date :		Applicant's signature (as in Passport)