



सत्यमेव जयते

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



BGDRV11EBF23

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	BEGUM			
Given Name (As in Passport)	MST BESTE			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	SINGLE	
Date of Birth	06-MAR-1991	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	1007420373	Educational Qualification	MATRICULATION	
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.	A07249023	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				
Present Address	GONESHPUR DOLAPARA KOTWALI METRO RANGPUR, BANGLADESH 5400	Phone No	01743410346	
		Mobile /Cell No	8801743410346	
		Email address	MDAKASHCHOWDHURY313@GMAIL.COM	
Permanent Address	GONESHPUR DOLAPARA KOTWALI METRO RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD SHAHADAT HOSSAIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST RUPOSI BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MST BESTE BEGUM

Web Registration Date : 01-APR-2023 Application Id : BGDRV11EBF23

<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	12-APR-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	ARTEMIS HOSPITAL		
Address	SECTOR 51, GURUGRAM, HARYANA-122001		
Doctor Name	DR ADITYA GUPTA		
Phone/Fax	+91124 4588 888		
Details	NEUROSURGERY		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
<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	NA		
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	DEPEND ON FATHER	Designation/Rank	
Employer name/business	FARMER		
Employer Address	GONESHPUR DOLAPARA, KOTWALI METRO, 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	ARTEMIS HOSPITAL SECTOR 51, GURUGRAM, HARYANA-122001 GURGAON HARYANA.		+91124 4588 888,
2	.,		
3	.,		
4	.,		
<b>I. Details of Two Reference</b>			
	In India	In BANGLADESH	
Name	DR ADITYA GUPTA	MST RUPOSI BEGUM	
Address	SECTOR 51, GURUGRAM, HARYANA-122001 GURGAON HARYANA	GONESHPUR DOLAPARA KOTWALI METRO, RANGPUR	
Phone Number	+91124 4588 888	01760882890	
<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 : BGD RV11EBF23

01-APR-2023

Date : .....

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