



सत्यमेव जयते

## ASST HIGH COMMISSION OF INDIA RAJSHAHI

HOUSE NO-284, SECTOR-2, HOUSING ESTATE

UPOSHAHAR, RAJSHAHI

00880721861213



## Visa Application Form



BGDRV1249723

Signature

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

## A. Personal Particulars (As in Passport)

Surname (As in Passport)	BORMON		
Given Name (As in Passport)	PAPPY		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	11-OCT-2000	Religion	HINDU
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH
Citizenship /National ID No	4660814551	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.	A07263475	Date of Issue ( dd/mm/yyyy )	20-MAR-2023
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	19-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	CHOTRA PIRGANJ RANGPUR, BANGLADESH 5470	Phone No	01873022867
		Mobile /Cell No	8801750790552
		Email address	DM.DOCTORSLINK@GMAIL.COM
Permanent Address	CHOTRA PIRGANJ RANGPUR		

## D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	RAMANATH BARMAN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	RONJONA RANI BARMAN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	DRISTY RANI	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH

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



PAPPY BORMON

Web Registration Date : 02-APR-2023 Application Id : BGDRV1249723

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	19-APR-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	FORTIS HOSPITAL - ANANDAPUR, KOLKATA		
Address	ANANDAPUR, EAST KOLKATA TWP, KOLKATA, WEST BENGAL		
Doctor Name	DR MANIK KATARUKA		
Phone/Fax	+91 85850 30388		
Details	NEPHROLOGY		
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	DEPAND ON FATHER	Designation/Rank	AGRICULTURE
Employer name/business	FARMER		
Employer Address	CHOTRA, PIRGANJ, 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	FORTIS HOSPITAL ANANDAPUR EAST KOLKATA TWP, KOLKATA WEST BENGAL 700107 KOLKATA WEST BENGAL.		
	+91 85850 30388,		
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	FORTIS HOSPITAL, ANANDAPUR	RONJONA RANI BARMAN	
Address	730, EASTERN METROPOLITAN BYPASS, ANANDAPUR  EAST KOLKATA TWP, KOLKATA, WEST BENGAL KOLKATA WEST BENGAL	CHOTRA, PIRGANJ  RANGPUR	
Phone Number	+91 85850 30388	01788104321	
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 : BGDRV1249723

02-APR-2023

Date : .....

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