



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



BGDRV1249D23

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RANI			
Given Name (As in Passport)	SREEMOTI RANZONA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	29-JUN-1972	Religion	HINDU	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	8517641612905	Educational Qualification	BELOW 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.	A07263476	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	CHATRA PIRGANJ RANGPUR, BANGLADESH 5470	Phone No	01788104321	
		Mobile /Cell No	8801788104321	
		Email address	DM.DOCTORSLINK@GMAIL.COM	
Permanent Address	CHATRA PIRGANJ RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SREE JITEN BARMON	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	SREEMOTI KOLPONA RANI	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	SREE RAMANATH CHANDRO BARMON	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Application Id : BGDRV1249D23
Web Registration Date : 02-APR-2023



SREEMOTI RANZONA RANI

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		
Address	ANANDAPUR, EAST KOLKATA TWP, KOLKATA		
Doctor Name	DR MANIK KATARUKA		
Phone/Fax	+91 85850 30388		
Details	NEPHROLOGY		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
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 : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	FARMING
Employer name/business	FARMER		
Employer Address	CHATRA, 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	DR MANIK KATARUKA	PAPPY BORMON	
Address	EASTERN METROPOLITAN BYPASS ANANDAPUR, EAST KOLKATA KOLKATA WEST BENGAL	CHATRA, KHOTRIPARA PIRGANJ, RANGPUR	
Phone Number	+91 85850 30388	01873022867	
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 : BGD23RV1249D23

02-APR-2023

Date :

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Applicant's signature (as in Passport)