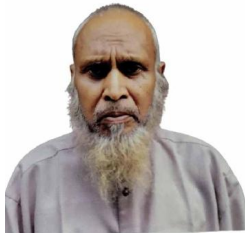




सत्यमेव जयते

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

00880721861213



Visa Application Form

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

Signature



BGDRV1647123

| A. Personal Particulars (As in Passport) | | | | |
|--|---|---|-----------------------|------------------------|
| Surname (As in Passport) | HOQUE | | | |
| Given Name (As in Passport) | MD AINUL | | | |
| Previous/other Name if any | Not Applicable | | | |
| Gender | MALE | Marital Status | MARRIED | |
| Date of Birth | 03-AUG-1961 | Religion | ISLAM | |
| Place of Birth Town/City | RAJSHAHI | Country of Birth | BANGLADESH | |
| Citizenship /National ID No | 4618146783 | Educational Qualification | HIGHER SECONDARY | |
| 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. | EF0853540 | Date of Issue (dd/mm/yyyy) | 19-MAR-2020 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 18-MAR-2025 | |
| 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 | GOCHA GOCHA MOHANPUR RAJSHAHI RAJSHAHI, BANGLADESH 6220 | Phone No | 01726642983 | |
| | | Mobile /Cell No | 88001726642983 | |
| | | Email address | MHASSAN.GMR@GMAIL.COM | |
| Permanent Address | GOCHA GOCHA MOHANPUR RAJSHAHI RAJSHAHI | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | MD MOBARAK ALI MONDUL | BANGLADESH | BANGLADESH | RAJSHAHI BANGLADESH |
| Mother's | MOST MOSLAMA | BANGLADESH | BANGLADESH | RAJSHAHI BANGLADESH |
| Spouse | MOST SAIDA KHATUN | BANGLADESH | BANGLADESH | RAJSHAHI BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |



MD AINUL HOQUE

Web Registration Date : 18-APR-2023 Application Id : BGDRV1647123

| 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 | 10-MAY-2023 |
| Port Of Arrival | BY ROAD GEDE | Port of Exit | BY AIR/ HARIDASPUR |
| Required Detail of | MEDICAL VISA | | |
| Hospital Name | MANIPAL HOSPITAL | | |
| Address | 98, HAL OLD AIRPORT RD, KODIHALLI, BENGALURU, KARN | | |
| Doctor Name | | | |
| Phone/Fax | | | |
| Details | | | |
| 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 | | | |
| Have you been refused an Indian Visa or extension of the same previously or deported from India ? | NO | | |
| G. Profession/Occupation Details : | | | |
| Present Occupation | FARMER | Designation/Rank | |
| Employer name/business | NA | | |
| Employer Address | GOCHA GOCHA MOHANPUR RAJSHAHI | | |
| 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 | MD TUHIN MAHMUD DOULOTPUR HATGACHE ETAHAR MALDA WEST BENGAL. | | 919851242825, |
| 2 | . | | |
| 3 | . | | |
| 4 | . | | |
| I. Details of Two Reference | | | |
| | In India | In BANGLADESH | |
| Name | MD TUHIN MAHMUD | MEHEDI HASAN | |
| Address | DOULOTPUR HATGACHE ETAHAR INDIA MALDA WEST BENGAL | GOCHA GOCHA MOHANPUR RAJSHAHI | |
| Phone Number | +919851242825 | 01726642983 | |
| 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 : BGDRV1647123

18-APR-2023

Date :

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