



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



BGDRV1E77923

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	AHMED			
Given Name (As in Passport)	MIRAJ			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	17-MAY-1999	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	6454493518	Educational Qualification	GRADUATE	
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.	A06165279	Date of Issue ( dd/mm/yyyy )	17-DEC-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	16-DEC-2027	
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	HASANER PARA MITHA PUKUR RANGPUR, BANGLADESH 5460	Phone No	01717369753	
		Mobile /Cell No	8801717369753	
		Email address	MIRAJAHMED009@GMAIL.COM	
Permanent Address	HASANER PARA MITHA PUKUR RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD NAZRUL ISLAM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST RUBIA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	MST MOSHREFA JAHAN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 22-MAY-2023 Application Id : BGDRV1E77923



MIRAJ AHMED

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	08-JUN-2023
Port Of Arrival	BY ROAD HILI	Port of Exit	BY ROAD HILI
Required Detail of	MEDICAL VISA		
Hospital Name	GLENEAGLES GLOBAL HEALTH CITY		
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR A MURALEEDHARAN		
Phone/Fax	+9144 4477 7000		
Details	ENT		
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	VELLORE TAMIL NADU ,		
Cities in India Visited	VELLORE, BANGALORE		
Type of Visa	MEDICAL VISA	Visa Number	VL7478769
Visa Issued Place	DHAKA	Date of Issue	05-FEB-2023
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 Father			
Present Occupation	STUDENT	Designation/Rank	AGRICULTURE
Employer name/business	FARMER		
Employer Address	HASANER PARA, MITHA PUKUR, 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	GLENEAGLES GLOBAL HEALTH CITY CHERAN NAGAR, PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU. +9144 4477 7000,		
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR A MURALEEDHARAN	MST SULTANA RAZIA	
Address	439, EMBASSY RESIDENCY RD, SHOLINGANALLUR CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU CHENNAI TAMIL NADU	HASANER PARA, MITHA PUKUR  RANGPUR	
Phone Number	+9144 4477 7000	01773757832	
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 : BGDRV1E77923

22-MAY-2023

Date : .....

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Applicant's signature (as in Passport)