



सत्यमेव जयते

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

UPOSHAHR, RAJSHAHI

00880721861213



Visa Application Form



BGDRV1E71C23

Signature

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

A. Personal Particulars (As in Passport)

Surname (As in Passport)	RAZIA		
Given Name (As in Passport)	MST SULTANA		
Previous/other Name if any	Not Applicable		
Gender	FEMALE	Marital Status	MARRIED
Date of Birth	02-NOV-1981	Religion	ISLAM
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH
Citizenship /National ID No	8694774558	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.	A04355287	Date of Issue (dd/mm/yyyy)	07-MAY-2023
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	06-MAY-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	CHITHULI POSCHIM PARA MITHAPUKUR RANGPUR, BANGLADESH 5460	Phone No	01773757832
		Mobile /Cell No	8801773757832
		Email address	MIRAJAHMED009@GMAIL.COM
Permanent Address	HASANARPARA, NANAKOR MITHAPUKUR 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	MD YOUNS ALI	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH

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



MST SULTANA RAZIA

Web Registration Date : 22-MAY-2023 Application Id : BGDRV1E71C23

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, TAMIL NADU		
Doctor Name	DR A MURALEEDHARAN		
Phone/Fax	+9144 4477 7000		
Details	ENT		
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 : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	HABILDAR
Employer name/business	BORDER GUARD BANGLADESH		
Employer Address	KUTHIBARI MISSION RD, DINAJPUR		
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	MD NAIMUR HASAN DURJOY	
Address	439, EMBASSY RESIDENCY RD, SHOLINGANALLUR CHERAN NAGAR, PERUMBAKKAM, CHENNAI, TAMIL NADU CHENNAI TAMIL NADU	MITAHAPUKUR, RANGPUR	
Phone Number	+9144 4477 7000	01701750533	
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 : BGDRV1E71C23

22-MAY-2023

Date :

Applicant's signature (as in Passport)