



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



BGDRV21B1E23

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	NIZAM			
Given Name (As in Passport)	MD KAMRAN			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	07-JUN-1982	Religion	ISLAM	
Place of Birth Town/City	DHAKA	Country of Birth	BANGLADESH	
Citizenship /National ID No	5974491234	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.	EJ0255564	Date of Issue ( dd/mm/yyyy )	16-JUN-2021	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	15-JUN-2026	
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	HAWALDAR PARA, WARD- 10 SAIDPUR NILPHAMARI, BANGLADESH 5310	Phone No	01715271116	
		Mobile /Cell No	8801715271116	
		Email address	INFO.DOCTORLINKBD@GMAIL.COM	
Permanent Address	HAWALDAR PARA, WARD- 10 SAIDPUR NILPHAMARI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD NIZAMUDDIN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	SHAHAZ BEGUM	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	IFFAT KAMRAN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 03-JUN-2023 Application Id : BGDRV21B1E23



MD KAMRAN NIZAM

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)	6 Month	Expected Date of Journey	18-JUN-2023
Port Of Arrival	BY ROAD PHULBARI	Port of Exit	BY ROAD PHULBARI
Required Detail of	MEDICAL VISA		
Hospital Name	AMRITA HOSPITAL, FARIDABAD		
Address	MATA AMRITANANDAMAYI MARG, SECTOR 88, FARIDABAD		
Doctor Name	DR DINESH BALAKRISHNAN		
Phone/Fax	0129-2851234		
Details	HPB AND LIVER		
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	KOLKATA WEST BENGAL 700007 ,		
Cities in India Visited	KOLKATA, DELHI		
Type of Visa	TOURIST VISA	Visa Number	VL4745267
Visa Issued Place	DHAKA	Date of Issue	15-JAN-2020
Countries visited in last 10 years	KINGDOM OF THAILAND, UNITED ARAB EMIRATES		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	SKY MARKETING		
Employer Address	POCHIM, SHAHID DR ZIKRUL HAQUE ROAD, SAIDPUR		
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	AMRITA HOSPITAL ADDRESS MATA AMRITANANDAMAYI MARG, SECTOR 88, FAR FARIDABAD HARYANA. 01292851234,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR DINESH BALAKRISHNAN	IFFAT KAMRAN	
Address	MATA AMRITANANDAMAYI MARG, SECTOR 88, FARIDABAD HARYANA 121002 FARIDABAD HARYANA	HAWALDAR PARA, WARD- 10, SAIDPUR NILPHAMARI	
Phone Number	0129-2851234	01704386738	
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 : BGDV21B1E23

03-JUN-2023

Date : .....

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