



## ASST HIGH COMMISSION OF INDIA RAJSHAHI

**HOUSE NO-284, SECTOR-2, HOUSING ESTATE** 

UPOSHAHAR, RAJSHAHI

00880721861213

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



## **Visa Application Form**

BGDRV21AF023		Signature	
Personal Particulars (As in Pa	ssport)		
ırname (As in Passport)	SHAMS		
ven Name (As in Passport)	AYAN ALI		

A. Personal Particulars	s (As in Pa	ssport)					
Surname (As in Pass	sport)	SHAMS					
Given Name (As in P	assport)	AYAN ALI					
Previous/other Name	if any	Not Applicable					
Gender	Sender MALE			Marital Status	SINGLE		
Date of Birth		09-NOV-2011		Religion	ISLAM		
Place of Birth Town/	City	NILPHAMARI Country of Birth		Country of Birth	BANGLA	DESH	
Citizenship /National	ID No	20117327510133806		Educational Qualification	BELOW	MATRICULATION	
Visible identification	marks	NA	NA				
<b>Current Nationality</b>	BANGLADESH			Nationality by Birth/ Naturalization	BY BIRT	Н	
Any Other Previous/Past Nationality				Not Applicable			
B. Passport Details							
Passport No.	B0039168	0 Date o		of Issue ( dd/mm/yyyy )	30-JUN-2022		
Place of Issue	DHAKA	Date of Exp		of Expiry ( dd/mm/yyyy )	29-JUN-2027		
Any other Passport/Identity Certificate held (if yes ,please fill in the following)							
Country of Issue		Place of Issue					
Passport/IC No.			Date of issue (dd/mm/yyyy)				
Nationality/Status							

## C. Applicant's Contact Details

Present	HAWALDARPARA, HANIF STREET	Phone No	01712926252
Address	SAIDPUR	Mobile /Cell No	8801712926252
	NILPHAMARI, BANGLADESH 5310	Email address	INFO.DOCTORLINKBD@GMAIL.COM
Permanent	HAWALDARPARA, HANIF STREET		

**SAIDPUR Address** 

## D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD SALA UDDIN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	MST NAZIA	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Marital Status	Single			
Were your Grandfather/Grandmother/Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



NILPHAMARI

E. Details of Visa Soug	ght (Vis	(Visa shall be valid from the Date of Issue and not from the Date of Journey)				
Type Of Visa Require	ed EN1	TRY VISA	No of Entries MU		MULTIPLE	
Period of Visa ( Mont	th) 12 N	Month	Expected Date of Journey 18		I-2023	
Port Of Arrival	BY	ROAD PHULBARI	Port of Exit BY		AD PHULBARI	
Required Detail of	ENTR'	Y VISA				
		E CATEGORIES FOR WHICH NUAL AND FOR PURPOSES				
F. Previous Visit Detail	ls					
Have You Ever visite	Have You Ever visited India ? NO					
Address where You s	stayed in	in ,				
Cities in India Visited	d					
Type of Visa			Visa Number			
Visa Issued Place			Date of Issue			
Countries visited in I years	ast 10	NA				
Have you been refus from India ?	ed an Inc	lian Visa or extension of the	same previously or deporte		NO	
G. Profession/Occupat	tion Detai	ls : of Father				
Present Occupation		STUDENT	Designation/Rank	OW	OWNER	
Employer name/busi	ness	AL SAMS HOTEL				
Employer Address Phone Number  DOKKIN BONGOBONDHUROAD, SAIDPUR						
Past occupation if ar	ny					
Are/have you worked v	with Arme	d forces/ Police/ Para Military fo	orces ?	NO		
Organization			Designation			
Place of Posting			Rank			
H. Address of Place of	Stay / Ho	tel				
Place/Hotel Name	Address	of Place / Hotel		State	Phone No	
2 ., 3 ., 4 .,		//RITANANDAMAYI MARG, SE	CTOR 88, FARIDABAD FARII	DABAD I	HARYANA. 0129-2851234,	
I. Details of Two Refere						
In India		In BANGLADESH				
Name		DR DINESH BALAKRISHNAN	MD SALA UDDIN			
Address MAF		MATA AMRITANANDAMAYI MARG, SECTOR 88, FARIDABAD	HAWALDARPARA, HANIF STREET			
	HARYANA 121002 FARIDABAD HARYANA SAIDPUR, NILPHAMARI					
Phone Number		0129-2851234	01712926252			
K. DECLARATION						
-		ort(s) other than those detailed a			7 H 1 d	
n I have read and find	aretand a	Il the conditions for the visit to In	alde bae milliw me I bae eini	abide of	tully by them	

- 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.

03-JI	UN-2023	
Date :		Applicant's signature (as in Passport