



सत्यमेव जयते

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

UPOSHAHR, RAJSHAHI

00880721861213

**Visa Application Form**

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

Signature



BGDRV21AE323

**A. Personal Particulars (As in Passport)**

Surname (As in Passport)	UDDIN		
Given Name (As in Passport)	MD SALA		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	07-OCT-1965	Religion	ISLAM
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH
Citizenship /National ID No	5974400979	Educational Qualification	HIGHER SECONDARY
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.	BY0147005	Date of Issue ( dd/mm/yyyy )	05-DEC-2018
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	04-DEC-2023
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	20, HAWLADER PARA, HANIF STREET	Phone No	01712926252
	SAIDPUR	Mobile /Cell No	8801712926252
	NILPHAMARI, BANGLADESH 5310	Email address	INFO.DOCTORLINKBD@GMAIL.COM
Permanent Address	20, HAWLADER PARA, HANIF STREET		
	SAIDPUR		
	NILPHAMARI		

**D. Family Details**

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SAMSUDDIN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	BEGUM NUR JAHAN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	MST NAZIA	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH

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



MD SALA UDDIN

Web Registration Date : 03-JUN-2023 Application Id : BGDRV21AE323

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 PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	KOLKATA WEST BENGAL ,		
Cities in India Visited	KOLKATA, SILIGURI, CHENNAI		
Type of Visa	TOURIST VISA	Visa Number	VL4721685
Visa Issued Place	DHAKA	Date of Issue	27-JAN-2020
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 :			
Present Occupation	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	AL SAMS HOTEL		
Employer Address	DOKKIN BONGO BONDHU 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 MATA AMRITANANDAMAYI MARG, SECTOR 88, FARIDABAD FARIDABAD HARYANA.		0129-2851234,
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR DINESH BALAKRISHNAN	MST NAZIA	
Address	MATA AMRITANANDAMAYI MARG, SECTOR 88, FARIDABAD HARYANA 121002 FARIDABAD HARYANA	20, HAWALADAR PARA, HANIF STREET SAIDPUR, NILPHAMARI	
Phone Number	0129-2851234	01846586572	
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 : BGDV21AE323

03-JUN-2023

Date : .....

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