



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



BGDRV23D2C23

| A. Personal Particulars (As in Passport) | | | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------|---------------------|--------------------------|
| Surname (As in Passport) | AZIZ | | | |
| Given Name (As in Passport) | MD ABDUL | | | |
| Previous/other Name if any | Not Applicable | | | |
| Gender | MALE | Marital Status | MARRIED | |
| Date of Birth | 23-JUL-1967 | Religion | ISLAM | |
| Place of Birth Town/City | NILPHAMARI | Country of Birth | BANGLADESH | |
| Citizenship /National ID No | 7311257264906 | Educational Qualification | BELOW 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. | A08003496 | Date of Issue (dd/mm/yyyy) | 28-MAY-2023 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 27-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 | MODDHO BONDOR KHORI BARI DIMLA NILPHAMARI, BANGLADESH 5351 | Phone No | 01701577426 | |
| | | Mobile /Cell No | 8801701577426 | |
| | | Email address | RAFIKNEEL@GMAIL.COM | |
| Permanent Address | MODDHO BONDOR KHORI BARI DIMLA NILPHAMARI | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | MD NANDURA MAMUD | BANGLADESH | BANGLADESH | NILPHAMARI BANGLADESH |
| Mother's | MST KHOTIMON | BANGLADESH | BANGLADESH | NILPHAMARI BANGLADESH |
| Spouse | MST NASIMA | BANGLADESH | BANGLADESH | NILPHAMARI BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |

Web Registration Date : 11-JUN-2023 Application Id : BGDRV23D2C23



MD ABDUL AZIZ

| 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 | 23-JUN-2023 |
| Port Of Arrival | BY ROAD CHANGRABANDHA | Port of Exit | BY ROAD CHANGRABANDHA |
| Required Detail of | MEDICAL VISA | | |
| Hospital Name | RUBY GENERAL HOSPITAL | | |
| Address | GOLPARK, SECTOR I, KASBA, KOLKATA | | |
| Doctor Name | DR TUSTI GANGULY | | |
| Phone/Fax | +9133 6687 1800 | | |
| Details | HEMATOLOGY | | |
| Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS | | | |
| 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 : | | | |
| Present Occupation | FARMER | Designation/Rank | |
| Employer name/business | AGRICULTURE | | |
| Employer Address | MODDHO BONDOR KHORI BARI, DIMLA | | |
| 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 | RUBY GENERAL HOSPITAL GOLPARK, SECTOR I, KASBA, KOLKATA KOLKATA WEST BENGAL. | | +9133 6687 1800, |
| 2 | . | | |
| 3 | . | | |
| 4 | . | | |
| I. Details of Two Reference | | | |
| | In India | In BANGLADESH | |
| Name | DR TUSTI GANGULY | MST NASIMA | |
| Address | 576, ANANDAPUR MAIN RD, GOLPARK, SECTOR I, KASBA KOLKATA, WEST BENGAL 700107 KOLKATA WEST BENGAL | MODDHO BONDOR, KHORI BARI DIMLA, NILPHAMARI | |
| Phone Number | +9133 6687 1800 | 01701577426 | |
| 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 : BGDRV23D2C23

11-JUN-2023

Date :

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