



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



BGDRV23D1F23

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	GOLANUR			
Given Name (As in Passport)	MST			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	28-AUG-1980	Religion	ISLAM	
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH	
Citizenship /National ID No	7311219113704	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.	A08003497	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	MEDICAL MORE DOMAR NILPHAMARI, BANGLADESH 5340	Phone No	01871632130	
		Mobile /Cell No	8801871632130	
		Email address	RAFIKNEEL@GMAIL.COM	
Permanent Address	DOKKIN TIT PARA DIMLA NILPHAMARI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	NANDURA MAMUD	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	MST FUTI	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	MOJAMMEL HOQUE	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MST GOLANUR

Web Registration Date : 11-JUN-2023 Application Id : BGDRV23D1F23

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	HAEMATOLOGY		
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 : of Spouse			
Present Occupation	HOUSE WIFE	Designation/Rank	
Employer name/business	AGRICULTURE		
Employer Address	DOKKHIN TIT PARA, DIMLA, NILPHAMARI		
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	MD ABDUL AZIZ	
Address	576, ANANDAPUR MAIN RD, GOLPARK, SECTOR I, KASBA KOLKATA, WEST BENGAL 700107 KOLKATA WEST BENGAL	MODDHO BONDOR KHORI BARY 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 : BGDRV23D1F23

11-JUN-2023

Date :

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Applicant's signature (as in Passport)