



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



BGDRV2726023

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ISLAM			
Given Name (As in Passport)	MD AMINUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	06-JUL-1964	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	1006637068	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.	A08241463	Date of Issue (dd/mm/yyyy)	07-JUN-2023	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	06-JUN-2033	
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	CHIKLI VATA, RAHAMATGANJ KOTWALI METRO RANGPUR,, BANGLADESH 5400	Phone No	01721116015	
		Mobile /Cell No	8801721116015	
		Email address	LIFATWALIUL@GMAIL.COM	
Permanent Address	CHIKLI VATA, RAHAMATGANJ KOTWALI METRO RANGPUR,			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MOWLOD HOSSAIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	AFROZA BEWA	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	ANJUMAN ARA	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 22-JUN-2023 Application Id : BGDRV2726023



MD AMINUL ISLAM

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	15-JUL-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of	MEDICAL VISA		
Hospital Name	NEOTIA GETWEL MULTISPECIALTY HOSPITAL		
Address	MATIGARA, SILIGURI, WEST BENGAL		
Doctor Name	DR RAJESH NANDA		
Phone/Fax	+913536603000		
Details	CARDIOLOGY		
Purpose of Visit : FOR PATIENTS			
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	AMINUL TRADES		
Employer Address	MEDICAL CAMPUS, KOTWALI, RANGPUR		
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	NEOTIA GETWEL MULTISPECIALTY HOSPITAL MATIGARA, SILIGURI, WEST BENGAL 734010 JALPAIGURI WEST BENGAL. +913536603000,		
2	.,		
3	.,		
4	.,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR RAJESH NANDA	RASEDUL ISLAM	
Address	NATIONAL HIGHWAY 31 BEHIND CITY CENTER MATIGARA, SILIGURI, WEST BENGAL JALPAIGURI WEST BENGAL	CMV,QUATER, MEDICAL COLLEGE KOTWALI METRO, RANGPUR	
Phone Number	+913536603000	01721116015	
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 : BGDRV2726023

22-JUN-2023

Date :

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Applicant's signature (as in Passport)