



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"



BGDRV41DA623

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	HASAN			
Given Name (As in Passport)	MD RAKIBUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	07-SEP-1983	Religion	ISLAM	
Place of Birth Town/City	NATORE	Country of Birth	BANGLADESH	
Citizenship /National ID No	8690315489	Educational Qualification	POST GRADUATE	
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.	EE0016749	Date of Issue (dd/mm/yyyy)	25-SEP-2019	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	24-SEP-2024	
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	CHALK HORIRAMPUR, TOMALTOLA	Phone No	01303437137	
	BAGATIPARA	Mobile /Cell No	8801303437137	
	NATORE, BANGLADESH 6410	Email address	OMNDTG@GMAIL.COM	
Permanent Address	CHALK HORIRAMPUR, TOMALTOLA			
	BAGATIPARA			
	NATORE			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ALAUDDIN	BANGLADESH	BANGLADESH	NATORE BANGLADESH
Mother's	MOST ROKEYA BEGUM	BANGLADESH	BANGLADESH	NATORE BANGLADESH
Spouse	SHARMIN AKHTER	BANGLADESH	BANGLADESH	NATORE BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 14-SEP-2023 Application Id : BGDRV41DA623



MD RAKIBUL HASAN

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	20-NOV-2023
Port Of Arrival	BY ROAD GEDE	Port of Exit	BY ROAD GEDE
Required Detail of MEDICAL VISA			
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	IDA SCUDDER ROAD, VELLORE - 632004		
Doctor Name	DR AMITH BALACHANDRAN		
Phone/Fax	+91 8000338855		
Details	MEDICINE		
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	SAUDI ARABIA		
Have you been refused an Indian Visa or extension of the same previously or deported from India ?	NO		
G. Profession/Occupation Details :			
Present Occupation	PRIVATE SERVICE	Designation/Rank	COMPUTER INSTRUCTOR
Employer name/business	BORAL COMPUTER TRAINING CENTER		
Employer Address Phone Number	DOYRAMPUR BAZAR, NATORE		
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	CHRISTIAN MEDICAL COLLEGE IDA SCUDDER ROAD, VELLORE - 632004	VELLORE TAMIL NADU.	+91 8000338855,
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR AMITH BALACHANDRAN	MD ALAUDDIN	
Address	IDA SCUDDER ROAD, VELLORE - 632004 VELLORE TAMIL NADU	CHALK HORIRAMPUR, BAGATIPARA NATORE	
Phone Number	+91 8000338855	01850218798	
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 : BGDRV41DA623

14-SEP-2023

Date :

 Applicant's signature (as in Passport)