



सत्यमेव जयते

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

UPOSHAHAR , RAJSHAHI

00880721861213



## Visa Application Form



BGDRV41D4123

Signature

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

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

Surname (As in Passport)	ABEDIN		
Given Name (As in Passport)	MD JOYNUL		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	SINGLE
Date of Birth	06-JUN-1990	Religion	ISLAM
Place of Birth Town/City	KURIGRAM	Country of Birth	BANGLADESH
Citizenship /National ID No	5952182599	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.	A11049655	Date of Issue ( dd/mm/yyyy )	21-JUN-2023
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	20-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	MISREPARA, DAYARAMPUR BAGATIPARA NATORE, BANGLADESH 6431	Phone No	01717418955
		Mobile /Cell No	8801717418955
		Email address	JOYNUL7700@GMAIL.COM
Permanent Address	GHOADAHA KURIGRAM SADAR KURIGRAM		

### D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD MOZAMMEL HAQUE	BANGLADESH	BANGLADESH	KURIGRAM BANGLADESH
Mother's	MST ZOHORA BEGUM	BANGLADESH	BANGLADESH	KURIGRAM BANGLADESH

Marital Status Single

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



MD JOYNUL ABEDIN

Web Registration Date : 14-SEP-2023 Application Id : BGDRV41D4123

<b>E. Details of Visa Sought</b> (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	20-NOV-2023
Port Of Arrival	BY ROAD GEDE	Port of Exit	BY ROAD GEDE
Required Detail of <b>MEDICAL VISA</b>			
Hospital Name	CHRISTIAN MEDICAL COLLEGE		
Address	IDA SCUDDER ROAD, VELLORE - 632004		
Doctor Name	DR KAUSHLENDRA KUMAR		
Phone/Fax	+91 8000338855		
Details	CARDIOLOGY		
Purpose of Visit : FOR PATIENTS			
<b>F. Previous Visit Details</b>			
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			
<b>G. Profession/Occupation Details :</b>			
Present Occupation	GOVERNMENT SERVICE	Designation/Rank	LECTURER
Employer name/business	QADIRABAD CANTONMENT SAPPER COLLEGE		
Employer Address	QADIRABAD CANTONMENT, NATORE		
Phone Number			
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?			NO
Organization		Designation	
Place of Posting		Rank	
<b>H. Address of Place of Stay / Hotel</b>			
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	.		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	DR KAUSHLENDRA KUMAR	MD ZAHID BIN HAQUE	
Address	IDA SCUDDER ROAD, VELLORE - 632004 VELLORE TAMIL NADU	GHOGADAHA, KURIGRAM SADAR KURIGRAM	
Phone Number	+91 8000338855	01714859810	
<b>K. DECLARATION</b>			
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 : BGDRV41D4123

14-SEP-2023

Date : .....

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