



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



BGDRV42A3C23

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	AKTEER			
Given Name (As in Passport)	FAHIMA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	12-JAN-1998	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	9165289910	Educational Qualification	HIGHER SECONDARY	
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.	A12154221	Date of Issue ( dd/mm/yyyy )	10-SEP-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	09-SEP-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	HOUSE- 10, ROAD- 4/3, DHAP SHAMOLY	Phone No	01617484962	
	KOTWALI METRO	Mobile /Cell No	8801617484962	
	RANGPUR, BANGLADESH 5400	Email address	ARMAAN2851@GMAIL.COM	
Permanent Address	HOUSE- 10, ROAD- 4/3, DHAP SHAMOLY KOTWALI METRO RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SHAH MD NURUL MOSTOFA	BANGLADESH	BANGLADESH	CHITTAGONG BANGLADESH
Mother's	NAZMA AKTER	BANGLADESH	BANGLADESH	CHITTAGONG BANGLADESH
Spouse	MD ARMAN SHAH	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Application Id : BGDRV42A3C23  
Web Registration Date : 17-SEP-2023



FAHIMA AKTEER

<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	05-DEC-2023
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of <b>MEDICAL VISA</b>			
Hospital Name	AMRI HOSPITAL, MUKUNDAPUR		
Address	PURBA JADAVPUR, MUKUNDAPUR, KOLKATA		
Doctor Name	DR UTPAL CHAUDHARI		
Phone/Fax	+91 3366800000		
Details	HAEMATOLOGY		
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 : of Spouse</b>			
Present Occupation	HOUSE WIFE	Designation/Rank	MARKETING OFFICER
Employer name/business	KASIR UDDIN MEMORIAL MEDICAL COLLEGE AND HOSPITAL		
Employer Address	DHAP JAIL ROAD, 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	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	AMRI HOSPITAL PURBA JADAVPUR, MUKUNDAPUR, KOLKATA KOLKATA WEST BENGAL.		+91 3366800000,
2	.		
3	.		
4	.		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	DR UTPAL CHAUDHARI	MD ARMAN SHAH	
Address	230, PANO RD, BEHIND METRO CASH N CARRY PURBA JADAVPUR, MUKUNDAPUR, KOLKATA KOLKATA WEST BENGAL	HOUSE- 10, DHAP SHAMOLY LANE 4/3  KOTWALI METRO, RANGPUR	
Phone Number	+91 3366800000	01617484962	
<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 : BGDRV42A3C23

17-SEP-2023

Date : .....

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