

## HIGH COMMISSION OF INDIA

DHAKA (BANGLADESH)

**Visa Application Form** 





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

Signature

A. Personal Particulars (As in Passport) RAFIK Surname (As in Passport) MST NAZNIN Given Name (As in Passport) Previous/other Name if any Not Applicable Gender FEMALE Marital Status MARRIED Date of Birth 11-JAN-1978 Religion **ISLAM** Place of Birth Town/City MAGURA **Country of Birth** BANGLADESH **Citizenship /National ID No** 8691336583 **Educational Qualification** MATRICULATION Visible identification marks NA **Current Nationality** Nationality by Birth/ BANGLADESH **BY BIRTH** Naturalization Any Other Previous/Past Nationality Not Applicable **B.** Passport Details A12644364 Date of Issue ( dd/mm/yyyy ) 29-OCT-2023 Passport No. 28-OCT-2033 Place of Issue DHAKA Date of Expiry ( dd/mm/yyyy ) 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 NALIARDANGI, BASHKOTA, Present GANGNOLIA Phone No 01715315616 Address MAGURA SADAR Mobile /Cell No 880171531561 MAGURA, BANGLADESH 7600 **Email address** RAFIKNEEL@GMAIL.COM NALIARDANGI, BASHKOTA, Permanent GANGNOLIA Address MAGURA SADAR MAGURA D. Family Details Relation Place/Country of Birth Name Nationality Prev. Nationality MAGURA BANGLADESH MOHIUDDIN JOARDAR BANGLADESH BANGLADESH Father's MAGURA MST SUFIA BEGUM Mother's BANGLADESH BANGLADESH BANGLADESH MAGURA MD RAFIQUL ISLAM BANGLADESH BANGLADESH BANGLADESH Spouse Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO

| 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             | 25-NOV-2023                       |  |
|   | BY RAIL GEDE/BYROAD<br>HARIDASPUR   | Port of Exit                         | BY RAIL GEDE/BYROAD<br>HARIDASPUR |  |
| Required Detail of MEDI   | CAL VISA  |                                      |                                   |  |
| Hospital Name   | ARTEMIS HOSPITAL GURGAON  |                                      |                                   |  |
| Address   | SECTOR 51, GURUGRAM, BIND   | CTOR 51, GURUGRAM, BINDAPUR, HARYANA |                                   |  |
| Doctor Name   | DR PARVEEN YADAV  |                                      |                                   |  |
| Phone/Fax   | +91124451 1111  | 124451 1111                          |                                   |  |
| Details   | ONCOLOGY  |                                      |                                   |  |
| 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<br>India                                  | ۱<br>,  |                                      |                                   |  |
| Cities in India Visited   |   |                                      |                                   |  |
| Type of Visa  |   | Visa Number                          |                                   |  |
| Visa Issued Place   |   | Date of Issue                        |                                   |  |
| Countries visited in last 10 y  | ears  |                                      |                                   |  |
| Have you been refused an In   | dian Visa or extension of the same <b>p</b>                                   | previously or deported from Ind      | ia ? NO                           |  |
| G. Profession/Occupation Details : of Spouse                          |   |                                      |                                   |  |
| Present Occupation  | HOUSE WIFE  | Designation/Rank                     | OWNER                             |  |
| Employer name/business  | MESAS NIRJONA TREADS  | MESAS NIRJONA TREADS                 |                                   |  |
| Employer Address<br>Phone Number                                      | NIJNANDUJHALI, SREEPUR  | NIJNANDUJHALI, SREEPUR ROAD, MAGURA  |                                   |  |
| Past occupation if any  |   |                                      |                                   |  |
| Are/have you worked with Arme   | ed 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 ARTEMIS HOSPITAL GU<br>1111,  | RGAON SECTOR 51, GURUGRAM   | <i>I</i> , BINDAPUR, HARYANA GU      | RGAON HARYANA. +91124451          |  |
| 2.,   |   |                                      |                                   |  |
| 3.,   |   |                                      |                                   |  |
| 4.,   |   |                                      |                                   |  |
| I. Details of Two Reference   |   |                                      |                                   |  |
| In India  |   | In BANGLADESH                        |                                   |  |
| Name  | DR PARVEEN YADAV  | MD RAFIQUL ISLAM                     |                                   |  |
| Address   | SECTOR 51, GURUGRAM,<br>BINDAPUR, HARYANA                                     | NALIARDANGI, BASHKOTA, MAGURA SADAR  |                                   |  |

Application Id : BGDDW493A123

| In India     |  | IN BANGLADESH                                |  |
|--------------|--|--|--|
| Name         | DR PARVEEN YADAV   | MD RAFIQUL ISLAM                             |  |
| Address      | SECTOR 51, GURUGRAM,<br>BINDAPUR, HARYANA<br>GURGAON HARYANA | NALIARDANGI, BASHKOTA,MAGURA SADAR<br>MAGURA |  |
| Phone Number | +91124451 1111   | 01712079176                                  |  |
|              |  |  |  |

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.

## 07-NOV-2023 .....

Date :

Applicant's signature (as in Passport)

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