

ASST HIGH COMMISSION OF INDIA RAJSHAHI

HOUSE NO-284, SECTOR-2, HOUSING ESTATE

UPOSHAHAR, RAJSHAHI

00880721861213

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



Visa Application Form

Signature

BGDR\/15E4324

A. Personal Particulars (As in Passport) Surname (As in Passport) KHATUN	BGDRV15E4324							L			
Surname (As in Passport) KHATUN	Δ Personal Part	ticulare (/	Ae in Passno	rt\							
MST SHAHEDA Previous/other Name if any Not Applicable Marital Status MARRIED		· · · · · · · · · · · · · · · · · · ·									
Previous/other Name if any Gender Not Applicable Gender FEMALE Marital Status MARRIED Date of Birth 16-APR-1977 Religion ISLAM Place of Birth Town/City LALMONIRHAT Country of Birth BANGLADESH Citizenship /National ID No 7762365307 Educational Qualification BELOW MATRICULATION Visible identification marks NA A Season Details BANGLADESH Nationality by Birth/Naturalization By BIRTH Any Other Previous/Past Nationality Not Applicable BASSport Details BASSport Details BASSport No. A 14136569 Date of Issue (dd/mm/yyyy) 20-FEB-2024 Details Details Details No De	` '										
Date of Birth	, ,										
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Visible identification marks					•						
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B. Passport No.	Any Other Previous/Past Nationali			ty							
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Father's MD SHETORU SHAKH BANGLADESH BANGLADESH BANGLADESH Mother's MST BEGUM BANGLADESH BANGLADESH BANGLADESH Spouse MD FARID UDDIN BANGLADESH BANGLADESH BANGLADESH	Relation	Name			Nationa	ality	Prev. Nationality		,	Place/Country of Birth	
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Spouse MD FARID UDDIN BANGLADESH BANGLADESH BANGLADESH	Mother's	MST BEGUM			BANGI	LADESH	BANGLADESH			_	
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO	Spouse	MD FARID UDDIN			BANGI	LADESH	SH BANGLADESH				
	Were your Gran	dfather/G	randmother(Paternal/Maternal) Pakista	n Nationa	als Or belong t	o Pak	istan held a	rea : I	NO	

E. Details of Visa Sought	(Visa shall be valid from the	isa shall be valid from the Date of Issue and not from the Date of J							
Type Of Visa Required	MEDICAL VISA	No of Entr	ies	MULTIF	PLE				
Period of Visa (Month)	12 Month	Expected I	Date of Journey	01-JUN	-2024				
Port Of Arrival	BY ROAD CHANGRABAND	HA Port of Exi	it	BY ROA	AD CHANGRABANDHA				
Required Detail of MEI	DICAL VISA								
Hospital Name	ARTEMIS HOSPITALS								
Address	SECTOR 51, GURUGRAM	TOR 51, GURUGRAM 122001 HARYANA							
Doctor Name	DR AMIT KUMAR CHAURA	AMIT KUMAR CHAURASIA							
Phone/Fax	124 4511 111	¥511 111							
Details	CARDIOLOGY	DIOLOGY							
Residence Hospital Name	RANGPUR MEDICAL COLL	IGPUR MEDICAL COLLEGE HOSPITAL							
Residence Address	NEAR CENTRAL JAIL, RAN	AR CENTRAL JAIL, RANGPUR 5400							
Residence Doctor Name	DR RABINDRA NATH BARI	MAN							
Residence Phone/Fax	02589966367								
Medical Certificate No									
Residence Email									
Email									
Purpose of Visit: FOR PA	TIENTS								
F. Previous Visit Details									
Have You Ever visited India	a? NO	NO							
Address where You stayed ndia	in ,	,							
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	e same previously o	or deported from I	ndia ? NO					
G. Profession/Occupation De	tails : of Spouse								
Present Occupation	HOUSE WIFE	JSE WIFE Designation/Rank							
Employer name/business	AGRICULTURE	GRICULTURE							
Employer Address Phone Number	DOLAPARA, BORAKHA	DOLAPARA, BORAKHATA, HATIBANDHA, LALMONIRHAT							
Past occupation if any									
Are/have you worked with Arr	med forces/ Police/ Para Military	orces/ Police/ Para Military forces ?							
Organization		Designation							
Place of Posting		Rank	Rank						
H. Address of Place of Stay /	Hotel								
Place/Hotel Name Add	Iress of Place / Hotel			State	Phone No				
1 ARTEMIS HOSPITALS SI	ECTOR 51, GURUGRAM 1220	01 HARYANA GUR	GAON HARYANA	. 124 4511	111,				
2 .,									
3.,									
4 .,									
I. Details of Two Reference									
	In India		SH						
Name	DR AMIT KUMAR CHAU	JRASIA MD FARID	UDDIN						
Address	SECTOR 51, GURUGR 122001		DOLAPARA, HATIBANDHA						
	HARYANA GURGAON HARYANA	LALMONIF	LALMONIRHAT						

Phone Number K. DECLARATION

a. I do not hold any other passport(s) other than those detailed above.

124 4511 111

- 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.

01518673171

	31-MAR-2024	
Date :		Applicant's signature (as in Passport