



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213



Visa Application Form



BGDRV15E4324

Signature

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

| A. Personal Particulars (As in Passport) | | | | |
|--|---|---|-----------------------------|---------------------------|
| Surname (As in Passport) | KHATUN | | | |
| Given Name (As in Passport) | MST SHAHEDA | | | |
| Previous/other Name if any | 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 | | | |
| Current Nationality | BANGLADESH | Nationality by Birth/ Naturalization | BY BIRTH | |
| Any Other Previous/Past Nationality | Not Applicable | | | |
| B. Passport Details | | | | |
| Passport No. | A14136569 | Date of Issue (dd/mm/yyyy) | 20-FEB-2024 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 19-FEB-2029 | |
| 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 | DOLAPARA, WARD- 07 HATIBANDHA LALMONIRHAT, BANGLADESH 5530 | Phone No | 01518673171 | |
| | | Mobile /Cell No | 8801518673171 | |
| | | Email address | SHAHAJANBRURPAD71@GMAIL.COM | |
| Permanent Address | DOLAPARA, WARD- 07 HATIBANDHA LALMONIRHAT | | | |
| | | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | MD SHETORU SHAKH | BANGLADESH | BANGLADESH | LALMONIRHAT BANGLADESH |
| Mother's | MST BEGUM | BANGLADESH | BANGLADESH | LALMONIRHAT BANGLADESH |
| Spouse | MD FARID UDDIN | BANGLADESH | BANGLADESH | LALMONIRHAT BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |



MST SHAHEDA KHATUN

Web Registration Date : 31-MAR-2024 Application Id : BGDRV15E4324

| 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 | 01-JUN-2024 |
| Port Of Arrival | BY ROAD CHANGRABANDHA | Port of Exit | BY ROAD CHANGRABANDHA |
| Required Detail of MEDICAL VISA | | | |
| Hospital Name | ARTEMIS HOSPITALS | | |
| Address | SECTOR 51, GURUGRAM 122001 HARYANA | | |
| Doctor Name | DR AMIT KUMAR CHAURASIA | | |
| Phone/Fax | 124 4511 111 | | |
| Details | CARDIOLOGY | | |
| Residence Hospital Name | RANGPUR MEDICAL COLLEGE HOSPITAL | | |
| Residence Address | NEAR CENTRAL JAIL, RANGPUR 5400 | | |
| Residence Doctor Name | DR RABINDRA NATH BARMAN | | |
| Residence Phone/Fax | 02589966367 | | |
| Medical Certificate No | | | |
| Residence Email | | | |
| Email | | | |
| 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 | NA | | |
| Have you been refused an Indian Visa or extension of the same previously or deported from India ? NO | | | |
| G. Profession/Occupation Details : of Spouse | | | |
| Present Occupation | HOUSE WIFE | Designation/Rank | |
| Employer name/business | AGRICULTURE | | |
| Employer Address | DOLAPARA, BORAKHATA, HATIBANDHA, LALMONIRHAT | | |
| Phone Number | | | |
| 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 | ARTEMIS HOSPITALS SECTOR 51, GURUGRAM 122001 HARYANA GURGAON HARYANA. 124 4511 111, | | |
| 2 | . | | |
| 3 | . | | |
| 4 | . | | |
| I. Details of Two Reference | | | |
| | In India | In BANGLADESH | |
| Name | DR AMIT KUMAR CHAURASIA | MD FARID UDDIN | |
| Address | SECTOR 51, GURUGRAM 122001 HARYANA GURGAON HARYANA | DOLAPARA, HATIBANDHA LALMONIRHAT | |
| Phone Number | 124 4511 111 | 01518673171 | |
| 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 : BGDRV15E4324

31-MAR-2024

Date :

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Applicant's signature (as in Passport)