



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213



Visa Application Form



BGDRV1B1D224

Signature

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

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	BARMAN			
Given Name (As in Passport)	HEMANTA CHANDRA			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	18-OCT-1960	Religion	HINDU	
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH	
Citizenship /National ID No	7311528876995	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.	A15254986	Date of Issue (dd/mm/yyyy)	03-APR-2024	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	02-APR-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	NAWDABUS, WARD NO- 03 DOMAR NILPHAMARI, BANGLADESH 5340	Phone No	01717676811	
		Mobile /Cell No	8801717676811	
		Email address	RAMA.ROY204AR@GMAIL.COM	
Permanent Address	NAWDABUS, WARD NO- 03 DOMAR NILPHAMARI			
D. Family Details				
Relation	Name	Nationality	Res. Nationality	Place/Country of Birth
Father's	BUDHARU CHANDRA BARMAN	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	MOHILON	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	KOUSHOLA RANI	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



HEMANTA CHANDRA BARMAN

Web Registration Date : 24-APR-2024 Application Id : BGDRV1B1D224

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	14-MAY-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	MEDICOVER HOSPITALS		
Address	SECTOR 10, KHARGHAR, NAVI MUMBAI		
Doctor Name	DR DONALD JOHN BABU		
Phone/Fax	04068334455		
Details	ONCOLOGY		
Residence Hospital Name	RANGPUR MEDICAL COLLEGE AND HOSPITAL		
Residence Address	NEAR CENTRAL JAIL, RANGPUR 5400		
Residence Doctor Name	DR MD ERSHADUL HAQUE		
Residence Phone/Fax	052163630		
Medical Certificate No			
Residence Email			
Email			
Purpose of Visit : FOR PATIENTS			
F. Previous Visit Details			
Have You Ever visited India ?	YES		
Address where You stayed in India	SILIGURI WEST BENGAL ,		
Cities in India Visited	SILIGURI, KOLKATA		
Type of Visa	TOURIST VISA	Visa Number	VK3789617
Visa Issued Place	RAJSHAHI	Date of Issue	17-OCT-2017
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 :			
Present Occupation	DEPENDENT ON SON	Designation/Rank	OWNER
Employer name/business	RAKESH AUTO		
Employer Address	DB MOR, DOMAR, NILPHAMARI		
Phone Number	01713723915		
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	MEDICOVER HOSPITALS SECTOR 10, KHARGHAR, NAVI MUMBAI	MUMBAI MAHARASHTRA.	04068334455,
2	.	.	.
3	.	.	.
4	.	.	.
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR DONALD JOHN BABU	RAMPADA CHANDRA BARMAN	
Address	SECTOR 10, KHARGHAR, NAVI MUMBAI MAHARASHTRA 410210 MUMBAI MAHARASHTRA	NAWDABUS, WARD NO- 03, DOMAR, NILPHAMARI	
Phone Number	04068334455	01717676811	
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 : BGD RV1B1D224

24-APR-2024

Date :

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Applicant's signature (as in Passport)