



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



BGDRV1A6D524

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	BEGUM			
Given Name (As in Passport)	SADEKA			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	31-DEC-1969	Religion	ISLAM	
Place of Birth Town/City	RAJSHAHI	Country of Birth	BANGLADESH	
Citizenship /National ID No	3736988266	Educational Qualification	POST GRADUATE	
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.	A07302944	Date of Issue ( dd/mm/yyyy )	12-MAR-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	11-MAR-2033	
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	SALBON MISTRI PARA KOTWALI METRO RANGPUR, BANGLADESH 5400	Phone No	01716420020	
		Mobile /Cell No	88001716420020	
		Email address	MOBAROK.HOSSAIN@UNDP.ORG	
Permanent Address	HOUSE NO, B-451, UPASHAHAR BOALIA MODEL RAJSHAHI			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	URFAN ALI	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Mother's	SAHIDA KHATUN	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Spouse	MOBAROK HOSSAIN	BANGLADESH	BANGLADESH	RAJSHAHI BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



SADEKA BEGUM

Web Registration Date : 22-APR-2024 Application Id : BGDRV1A6D524

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	22-JUN-2024
Port Of Arrival	BY AIR/ HARIDASPUR	Port of Exit	BY AIR/ HARIDASPUR
Required Detail of <b>MEDICAL VISA</b>			
Hospital Name	GLENEAGLES HEALTHCITY CHENNAI		
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR JOY VARGHESE		
Phone/Fax	44 4477 7000		
Details	HEPATOLOGY		
Residence Hospital Name	RAJSHAHI MEDICAL COLLEGE HOSPITAL		
Residence Address	MEDICAL COLLEGE ROAD, LAXMIPUR, 6000, RAJSHAHI		
Residence Doctor Name	PROF AZIZUL HAQUE AZAD		
Residence Phone/Fax	01321-180528		
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	KOLKATA WEST BENGAL ,		
Cities in India Visited	KOLKATA, SILIGURI		
Type of Visa	TOURIST VISA	Visa Number	VK5004610
Visa Issued Place	DHAKA	Date of Issue	31-JAN-2017
Countries visited in last 10 years	NEPAL		
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	TOWN MANAGER
Employer name/business	UNITED NATIONS DEVELOPMENT PROGRAMME		
Employer Address	RANGPUR CITY CORPORATION, RANGPUR, BANGLADESH		
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	GLENEAGLES HEALTHCITY CHENNAI CHERAN NAGAR, PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU. 44 4477 7000,		
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR JOY VARGHESE	MOBAROK HOSSAIN	
Address	439, SHOLINGANALLUR, CHERAN NAGAR PERUMBAKKAM, CHENNAI, TAMIL NADU 600100 CHENNAI TAMIL NADU	HOUSE NO , B - 451, UPASHAHAR  BOALIA MODEL, RAJSHAHI	
Phone Number	44 4477 7000	01716720020	
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 : BGD524A6DRV1

22-APR-2024

Date : .....

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