



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"



BGDRV1B43124

Signature

| A. Personal Particulars (As in Passport) | | | | |
|--|---|--------------------------------------|------------------------|------------------------|
| Surname (As in Passport) | ALI | | | |
| Given Name (As in Passport) | MD KISMAT | | | |
| Previous/other Name if any | Not Applicable | | | |
| Gender | MALE | Marital Status | MARRIED | |
| Date of Birth | 01-MAY-1960 | Religion | ISLAM | |
| Place of Birth Town/City | KURIGRAM | Country of Birth | BANGLADESH | |
| Citizenship /National ID No | 1949663361 | Educational Qualification | 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. | A15462597 | Date of Issue (dd/mm/yyyy) | 17-APR-2024 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 16-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 | HOUSE NO- 252/3, ROAD-05,JUMMAPARA KOTWALI METRO RANGPUR, BANGLADESH 5400 | Phone No | 01716189841 | |
| | | Mobile /Cell No | 8801716189841 | |
| | | Email address | FAIJUR.FAHAD@GMAIL.COM | |
| Permanent Address | HOUSE NO- 252/3, ROAD-05,JUMMAPARA KOTWALI METRO RANGPUR | | | |
| | | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | BASHIR UDDIN | BANGLADESH | BANGLADESH | KURIGRAM BANGLADESH |
| Mother's | MOST OMME KULSUM | BANGLADESH | BANGLADESH | KURIGRAM BANGLADESH |
| Spouse | MOST HOSNE ARA BEGUM | BANGLADESH | BANGLADESH | KURIGRAM BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |

Web Registration Date : 25-APR-2024 Application Id : BGDRV1B43124



MD KISMAT ALI

| 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 | 26-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, BINDAPUR, HARYANA 122001 | | |
| Doctor Name | DR SHIVANSHU RAJ GOYAL | | |
| Phone/Fax | 124 451 1111 | | |
| Details | PULMONOLOGY | | |
| Residence Hospital Name | RANGPUR SPECIALIZED HOSPITAL | | |
| Residence Address | JAIL ROAD, DHAP, RANGPUR | | |
| Residence Doctor Name | DR RATINDRA NATH MONDAL | | |
| Residence Phone/Fax | 052163344 | | |
| 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 : | | | |
| Present Occupation | FARMER | Designation/Rank | |
| Employer name/business | AGRICULTURE | | |
| Employer Address | JUMMAPARA, RANGPUR | | |
| 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. | | 124 451 1111, |
| 2 | . | | |
| 3 | . | | |
| 4 | . | | |
| I. Details of Two Reference | | | |
| | In India | In BANGLADESH | |
| Name | DR SHIVANSHU RAJ GOYAL | MOST HOSNE ARA BEGUM | |
| Address | SECTOR 51, GURUGRAM, BINDAPUR HARYANA 122001 GURGAON HARYANA | JUMMAPARA, HOUSE NO- 252/3,RD NO- 5 KOTWALI METRO, RANGPUR | |
| Phone Number | 124 451 1111 | 01728394863 | |
| 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 : BGDRV1B43124

25-APR-2024

Date :

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Applicant's signature (as in Passport)