



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



BGDRV1B24824

A. Personal Particulars (As in Passport)

Surname (As in Passport)	RAY		
Given Name (As in Passport)	TITASH CHANDRO		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	01-JAN-1988	Religion	HINDU
Place of Birth Town/City	LALMONIRHAT	Country of Birth	BANGLADESH
Citizenship /National ID No	4162436838	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.	A14435774	Date of Issue (dd/mm/yyyy)	07-MAR-2024
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	06-MAR-2034
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	BARAI PARA HATIBANDHA LALMONIRHAT, BANGLADESH 5530	Phone No	01737578758
		Mobile /Cell No	8801737578758
		Email address	RAYTITASH@GMAIL.COM
Permanent Address	BARAI PARA HATIBANDHA LALMONIRHAT		

D. Family Details

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	GIRINDRO NATH BARMAN	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Mother's	SANTANA RANI RAY	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH
Spouse	ANUPAMA RANI ROY	BANGLADESH	BANGLADESH	LALMONIRHAT BANGLADESH

Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO



TITASH CHANDRO RAY

Web Registration Date : 24-APR-2024 Application Id : BGDRV1B24824

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	25-JUN-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	GLENEAGLES HEALTHCITY CHENNAI		
Address	CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR PADMAPRIYA VIVEK		
Phone/Fax	44 4477 7000		
Details	GYNAECOLOGY		
Residence Hospital Name	RANGPUR MEDICAL COLLEGE AND HOSPITAL		
Residence Address	NEAR CENTRAL JAIL, RANGPUR 5400		
Residence Doctor Name	PROFESSOR DR SHARMIN SULTANA LUCKY		
Residence Phone/Fax	052163630		
Medical Certificate No			
Residence Email			
Email			
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
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	PRIVATE SERVICE	Designation/Rank	ASSOCIATE RELATIONSHIP MANAGER
Employer name/business	BRAC BANK PLC		
Employer Address Phone Number	GONI UDDIN MARKET, BAZAR RD, GHOSH PARA, KURIGRAM		
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 PADMAPRIYA VIVEK	ANUPAMA RANI ROY	
Address	439, SHOLINGANALLUR,CHERAN NAGAR PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU	SREEKHATA, KALIGANJ LALMONIRHAT	
Phone Number	44 4477 7000	01768114554	
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 : BGDRV1B24824

24-APR-2024

Date :

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Applicant's signature (as in Passport)