



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213



Visa Application Form



BGDRV1B24424

Signature

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

| A. Personal Particulars (As in Passport) | | | | |
|--|---|---|---------------------|---------------------------|
| Surname (As in Passport) | ROY | | | |
| Given Name (As in Passport) | ANUPAMA RANI | | | |
| Previous/other Name if any | Not Applicable | | | |
| Gender | FEMALE | Marital Status | MARRIED | |
| Date of Birth | 14-OCT-1992 | Religion | HINDU | |
| Place of Birth Town/City | LALMONIRHAT | Country of Birth | BANGLADESH | |
| Citizenship /National ID No | 9127291558 | 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. | A14634958 | Date of Issue (dd/mm/yyyy) | 20-MAR-2024 | |
| Place of Issue | DHAKA | Date of Expiry (dd/mm/yyyy) | 19-MAR-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 | SREEKHATA, WARD NO- 08 KALIGANJ LALMONIRHAT, BANGLADESH 5520 | Phone No | 01768114554 | |
| | | Mobile /Cell No | 8801768114554 | |
| | | Email address | RAYTITASH@GMAIL.COM | |
| Permanent Address | SREEKHATA, WARD NO- 08 KALIGANJ LALMONIRHAT | | | |
| | | | | |
| D. Family Details | | | | |
| Relation | Name | Nationality | Prev. Nationality | Place/Country of Birth |
| Father's | KARTRIK CHANDRA ROY | BANGLADESH | BANGLADESH | LALMONIRHAT BANGLADESH |
| Mother's | AMIO BALA | BANGLADESH | BANGLADESH | LALMONIRHAT BANGLADESH |
| Spouse | TITASH CHANDRO RAY | BANGLADESH | BANGLADESH | LALMONIRHAT BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO | | | | |



ANUPAMA RANI ROY

Web Registration Date : 24-APR-2024 Application Id : BGDRV1B24424

| 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 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 | GOVERNMENT SERVICE | Designation/Rank | ASSISTANT TEACHER |
| Employer name/business | PASHCHIM DHANSARA GOVT PRIMARY SCHOOL | | |
| Employer Address | KALIGANJ, 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 | 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 | TITASH CHANDRO RAY | |
| Address | 439, SHOLINGANALLUR, CHERAN NAGAR PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU | BARAI PARA, WARD NO- 05 HATIBANDHA, LALMONIRHAT | |
| Phone Number | 44 4477 7000 | 01737578758 | |
| 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 : BGDRV1B24424

24-APR-2024

Date :

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Applicant's signature (as in Passport)