



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



BGDRV1BC9724

| A. Personal Particulars (As in Passport)   |                                   |   |                     |                          |
|--|-----------------------------------|---|---------------------|--------------------------|
| Surname (As in Passport)   | BEGUM                             |   |                     |                          |
| Given Name (As in Passport)  | MAJIFA                            |   |                     |                          |
| Previous/other Name if any   | Not Applicable                    |   |                     |                          |
| Gender   | FEMALE                            | Marital Status                          | MARRIED             |                          |
| Date of Birth  | 05-JAN-1967                       | Religion                                | ISLAM               |                          |
| Place of Birth Town/City   | PANCHAGARH                        | Country of Birth                        | BANGLADESH          |                          |
| Citizenship /National ID No  | 9155352959                        | Educational Qualification               | BELOW MATRICULATION |                          |
| Visible identification marks   | NA                                |   |                     |                          |
| Current Nationality  | BANGLADESH                        | Nationality by Birth/<br>Naturalization | BY BIRTH            |                          |
| Any Other Previous/Past Nationality  | Not Applicable                    |   |                     |                          |
| B. Passport Details  |                                   |   |                     |                          |
| Passport No.   | A15243532                         | Date of Issue ( dd/mm/yyyy )            | 02-APR-2024         |                          |
| Place of Issue   | DHAKA                             | Date of Expiry ( dd/mm/yyyy )           | 01-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  | ZUMMAPARA, KAZALDIGIGHI, WARD- 05 | Phone No                                | 01317136547         |                          |
|  | DEBIGANJ                          | Mobile /Cell No                         | 8801317136547       |                          |
|  | PANCHAGARH, BANGLADESH 5020       | Email address                           | SAZZADPMC@GMAIL.COM |                          |
| Permanent Address  | ZUMMAPARA, KAZALDIGIGHI, WARD- 05 |   |                     |                          |
|  | DEBIGANJ                          |   |                     |                          |
|  | PANCHAGARH                        |   |                     |                          |
| D. Family Details  |                                   |   |                     |                          |
| Relation   | Name                              | Nationality                             | Prev. Nationality   | Place/Country of Birth   |
| Father's   | DARAZ UDDIN                       | BANGLADESH                              | BANGLADESH          | PANCHAGARH<br>BANGLADESH |
| Mother's   | RAHIMA BEGUM                      | BANGLADESH                              | BANGLADESH          | PANCHAGARH<br>BANGLADESH |
| Spouse   | SHAHIDUL ISLAM                    | BANGLADESH                              | BANGLADESH          | PANCHAGARH<br>BANGLADESH |
| Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO |                                   |   |                     |                          |

Web Registration Date : 27-APR-2024 Application Id : BGDRV1BC9724



MAJIFA BEGUM

| 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                                   | 15-JUN-2024           |
| Port Of Arrival  | BY ROAD CHANGRABANDHA   | Port of Exit   | BY ROAD CHANGRABANDHA |
| Required Detail of <b>MEDICAL VISA</b>   |   |  |                       |
| Hospital Name  | THALAMUS INSTITUTE OF MEDICAL SCIENCES  |  |                       |
| Address  | FULBARI, SILIGURI, WEST BENGAL 734015   |  |                       |
| Doctor Name  | DR SWAPAN KUMAR SAHA  |  |                       |
| Phone/Fax  | 3561 354 100  |  |                       |
| Details  | CARDIOLOGY  |  |                       |
| Residence Hospital Name  | RANGPUR MEDICAL COLLEGE AND HOSPITAL  |  |                       |
| Residence Address  | NEAR CENTRAL JAIL, RANGPUR 5400   |  |                       |
| Residence Doctor Name  | DR HARIPADA SARKAR  |  |                       |
| 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   | DEPENDENT ON SON  | Designation/Rank   |                       |
| Employer name/business   | AGRICULTURE   |  |                       |
| Employer Address   | KAZALDIGIHI, DEBIGANJ, PANCHAGARH   |  |                       |
| 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  | THALAMUS INSTITUTE OF MEDICAL SCIENCES FULBARI, SILIGURI, WEST BENGAL 734015 JALPAIGURI WEST BENGAL. 3561 354 100,            |  |                       |
| 2  | . ,   |  |                       |
| 3  | . ,   |  |                       |
| 4  | . ,   |  |                       |
| I. Details of Two Reference  |   |  |                       |
|  | In India  | In BANGLADESH  |                       |
| Name   | DR SWAPAN KUMAR SAHA  | HARUN OR RASHID  |                       |
| Address  | WEST DHANTALA, MORE,<br>NEAR BATTALION,<br>KAMRANGAGURI<br>FULBARI, SILIGURI, WEST<br>BENGAL 734015 JALPAIGURI<br>WEST BENGAL | ZUMMAPARA, KAZALDIGIHI, WARD NO 06<br>DEBIGANJ, PANCHAGARH |                       |
| Phone Number   | 3561 354 100  | 01750699486  |                       |
| 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 RV1BC9724

Date : .....

Applicant's signature (as in Passport)