



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"



BGDRV264F524

Signature

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	ISLAM			
Given Name (As in Passport)	MD SAMIDUL			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	25-AUG-1967	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	2834901247	Educational Qualification	BELOW MATRICULATION	
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.	A15657539	Date of Issue (dd/mm/yyyy)	28-APR-2024	
Place of Issue	DHAKA	Date of Expiry (dd/mm/yyyy)	27-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	SARDAR PARA DHAP PORSHURAM RANGPUR, BANGLADESH 5400	Phone No	01632021546	
		Mobile /Cell No	8801632021546	
		Email address	SALMANSI4076@GMAIL.COM	
Permanent Address	SARDAR PARA DHAP PORSHURAM RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABDUL MAJID	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MST KHODEJA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	MST SOPNA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD SAMIDUL ISLAM

Application Id : BGDRV264F524
Web Registration Date : 06-JUN-2024

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	10-AUG-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	THALAMUS INSTITUTE OF MEDICAL SCIENCES		
Address	NEAR BATTALION, KAMRANGAGURI, FULBARI, SILIGURI		
Doctor Name	DR ANADABRATA BOSE		
Phone/Fax	3561 354 100		
Details	ENT		
Residence Hospital Name	RANGPUR MEDICAL COLLEGE AND HOSPITAL		
Residence Address	NEAR CENTRAL JAIL, RANGPUR 5400		
Residence Doctor Name	DR MD AHSANUL HABIB LENIN		
Residence Phone/Fax	052163630		
Medical Certificate No			
Residence Email			
Email	WECARE@THALAMUSHOSPITAL.COM		
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	SARDAR PARA DHAP, PORSHURAM, 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	THALAMUS INSTITUTE OF MEDICAL SCIENCES NEAR BATTALION, KAMRANGAGURI, FULBARI, SILIGURI JALPAIGURI WEST BENGAL. 3561 354 100,		
2	. ,		
3	. ,		
4	. ,		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR ANADABRATA BOSE	MST SOPNA BEGUM	
Address	WEST DHANTALA, MORE, NEAR BATTALION KAMRANGAGURI, FULBARI, SILIGURI JALPAIGURI WEST BENGAL	SARDER PARA PORSHURAM, KHAT KHATIA RANGPUR- 5400	
Phone Number	3561 354 100	01632021546	
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 : BGDV264F524

06-JUN-2024

Date :

 Applicant's signature (as in Passport)