



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213

**Visa Application Form**

BGDRV283D824

Signature

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

**A. Personal Particulars (As in Passport)**

Surname (As in Passport)	ALI		
Given Name (As in Passport)	MD ASLAM		
Previous/other Name if any	Not Applicable		
Gender	MALE	Marital Status	MARRIED
Date of Birth	08-DEC-1972	Religion	ISLAM
Place of Birth Town/City	NILPHAMARI	Country of Birth	BANGLADESH
Citizenship /National ID No	1012277479	Educational Qualification	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.	A15826108	Date of Issue ( dd/mm/yyyy )	21-MAY-2024
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	20-MAY-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	BOXPARA, KAMARPUKUR SAIDPUR NILPHAMARI, BANGLADESH 5310	Phone No	01944747454
		Mobile /Cell No	8801944747454
		Email address	MDSHOWPONAHMED90@GMAIL.COM
Permanent Address	BOXPARA, KAMARPUKUR SAIDPUR NILPHAMARI		

**D. Family Details**

Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	IDRIS ALI	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Mother's	MST NAJMUN NESA	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH
Spouse	MST SAROWARY	BANGLADESH	BANGLADESH	NILPHAMARI BANGLADESH

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



MD ASLAM ALI

Web Registration Date : 13-JUN-2024 Application Id : BGDRV283D824

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	22-AUG-2024
Port Of Arrival	BY ROAD CHANGRABANDHA	Port of Exit	BY ROAD CHANGRABANDHA
Required Detail of MEDICAL VISA			
Hospital Name	GLENEAGLES HEALTHCITY CHENNA		
Address	SHOLINGANALLUR, CHERAN NAGAR, PERUMBAKKAM, CHENNAI		
Doctor Name	DR AAFRIN SHABBIR		
Phone/Fax	79967 89196		
Details	GENERAL MEDICINE		
Residence Hospital Name	RANGPUR MEDICAL COLLEGE AND HOSPITAL		
Residence Address	NEAR CENTRAL JAIL, RANGPUR 5400		
Residence Doctor Name	DR MD KUMRUZZAMAN SARKER		
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	BUSINESS PERSON	Designation/Rank	OWNER
Employer name/business	ASLAM ELECTRIC HOUSE		
Employer Address	ADANIR MORE, SAIDPUR, NILPHAMARI		
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 SHOLINGANALLUR, CHERAN NAGAR, PERUMBAKKAM, CHENNAI CHENNAI TAMIL NADU. 79967 89196,		
2	.		
3	.		
4	.		
I. Details of Two Reference			
	In India	In BANGLADESH	
Name	DR AAFRIN SHABBIR	MST SAROWARY	
Address	439, SHOLINGANALLUR, CHERAN NAGAR, PERUMBAKKAM CHENNAI, TAMIL NADU 600100 CHENNAI TAMIL NADU	BOXPARA, SAIDPUR, KAMARPUKUR- 5310 NILPHAMARI	
Phone Number	79967 89196	01944747454	
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 RV283D824

13-JUN-2024

Date : .....

.....  
Applicant's signature (as in Passport)