



सत्यमेव जयते

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

UPOSHAHAR, RAJSHAHI

00880721861213



## Visa Application Form



BGDRV2A08324

Signature

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

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	AKTER			
Given Name (As in Passport)	SHARMIN			
Previous/other Name if any	Not Applicable			
Gender	FEMALE	Marital Status	MARRIED	
Date of Birth	03-JAN-1991	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	3287117331	Educational Qualification	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.	A12491389	Date of Issue ( dd/mm/yyyy )	27-SEP-2023	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	26-SEP-2033	
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	KISHORGARI, FATEPUR LALDIGHI PIRGANJ RANGPUR, BANGLADESH 5470	Phone No	01720999517	
		Mobile /Cell No	8801720999517	
		Email address	MUNIM1980SG@GMAIL.COM	
Permanent Address	HOUSE- 81, ROAD- 3/1, BOIRAGIPARA KOTWALI METRO RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	SAHADAT HOSSAIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	JOSNA PARVIN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	ABU MUNIM MD TAIFUR RAHMAN	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				

Web Registration Date : 25-JUN-2024 Application Id : BGDRV2A08324

Biometric Enrollment is not required till 06/NOV/2028.



SHARMIN AKTER

<b>E. Details of Visa Sought</b> (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	05-SEP-2024
Port Of Arrival	BY ROAD HILI	Port of Exit	BY ROAD HILI
<b>Required Detail of MEDICAL VISA</b>			
Hospital Name	NARAYANA INSTITUTE OF CARDIAC SCIENCES		
Address	BOMMASANDRA INDUSTRIAL AREA, BENGALURU		
Doctor Name	SENIOR CONSULTANT		
Phone/Fax	80675 06870		
Details	CARDIOLOGY		
Residence Hospital Name	NA		
Residence Address	NA		
Residence Doctor Name			
Residence Phone/Fax			
Medical Certificate No			
Residence Email			
Email			
Purpose of Visit : FOR FOREIGN NATIONALS COMING AS MEDICAL ATTENDANTS			
<b>F. Previous Visit Details</b>			
Have You Ever visited India ?	YES		
Address where You stayed in India	NH NARAYANA HEALTH BANGALORE ,		
Cities in India Visited	BANGALORE, KOLKATA		
Type of Visa	MEDICAL VISA	Visa Number	VN0308772
Visa Issued Place	DHAKA	Date of Issue	15-NOV-2023
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			
<b>G. Profession/Occupation Details : of Spouse</b>			
Present Occupation	HOUSE WIFE	Designation/Rank	
Employer name/business	AGRICULTURE		
Employer Address	KISHORGARI, PIRGANJ, 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	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	NARAYANA INSTITUTE OF CARDIAC SCIENCES BOMMASANDRA INDUSTRIAL AREA, BENGALURU BANGALORE KARNATAKA. 80675 06870,		
2	. ,		
3	. ,		
4	. ,		
<b>I. Details of Two Reference</b>			
	<b>In India</b>	<b>In BANGLADESH</b>	
Name	VARESH SINGH	ABU MUNIM MD TAIFUR RAHMAN	
Address	HOSUR ROAD ANEKAL, TALUK, BOMMASANDRA INDUSTRIAL AREA BENGALURU, KARNATAKA 560099 BANGALORE KARNATAKA	KISHORGARI, FATEPUR LALDIGHI PIRGANJ, RANGPUR	
Phone Number	80675 06870	01720999517	
<b>K. DECLARATION</b>			
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 : BGDV2A08324

Date : .....

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Applicant's signature (as in Passport)