



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



BGDRV2A05F24

A. Personal Particulars (As in Passport)				
Surname (As in Passport)	RAHMAN			
Given Name (As in Passport)	ABU MUNIM MD TAIFUR			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	MARRIED	
Date of Birth	13-JUL-1980	Religion	ISLAM	
Place of Birth Town/City	RANGPUR	Country of Birth	BANGLADESH	
Citizenship /National ID No	5982493669	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.	A05619592	Date of Issue ( dd/mm/yyyy )	10-NOV-2022	
Place of Issue	DHAKA	Date of Expiry ( dd/mm/yyyy )	09-NOV-2032	
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	KISHORGARI, FATEPUR LALDIGHI PIRGANJ RANGPUR			
D. Family Details				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD ABDUL HAI PRAMANIK	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Mother's	MOST MONOWARA BEGUM	BANGLADESH	BANGLADESH	RANGPUR BANGLADESH
Spouse	SHARMIN AKTER	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 : BGDRV2A05F24

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



ABU MUNIM MD TAIFUR RAHMAN

<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 PATIENTS			
<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, CHANNAI, VELLORE, KOLKATA		
Type of Visa	MEDICAL VISA	Visa Number	VN0308771
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 :</b>			
Present Occupation	FARMER	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	SHARMIN AKTER	
Address	HOSUR ROAD ANEKAL, TALUK, BOMMASANDRA INDUSTRIAL AREA BENGALURU, KARNATAKA 560099 BANGALORE KARNATAKA	KISHORGARI, FATEPUR LALDIGHI PIRGANJ, RANGPUR	
Phone Number	80675 06870	01303272669	
<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 : BGDV2A05F24

Date : .....

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Applicant's signature (as in Passport)