PERSONAL DATA AND EMERGENCY CONTACT

Name:

MD SHOHIDUL ISLAM

Father's Name:

MD MONTAZ ALI

Mother's Name:

HAFIZA BEGUM

Legal Guardian's Name:

Permanent Address:

HUGRA, WORD NO 04, TANGAIL SADAR, ANUHOLA -

1902, TANGAIL

Emergency Contact:

Name:

JANNAT ARA

Relationship:

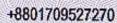
SPOUSE

Address:

HUGRA, WORD NO 04, TANGAIL SADAR, ANUHOLA -

1902, TANGAIL

Telephone No:





গণপ্রজাতন্ত্রী বাংলাদেশ PEOPLE'S REPUBLIC OF BANGLADESH

BGD

শ্রেণি/Type সেশ কোড়/Country Code পাসপোর্ট নং/Passport Number

A15869276

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ৰংশগত নাম/Surname

ISLAM

প্রথও নাম/Given Name

MD SHOHIDUL

দ্বাতীয়তা / Nationality

ব্যক্তিগত নং/Personal No.

BANGLADESHI

8221388039

জার তারিখা Date of Birth

পর্ববার্টী পাসপোর্ট নং / Previous Passport No.

01 MAR 1982

জন্মস্থান / Place of Birth

TANGAIL

639830

03.82

দিনের জারিখা Date of Issue প্রদানকারী কর্তৃপক্ষ Ilssuing Authority

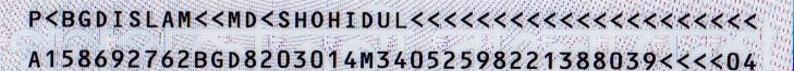
26 MAY 2024

DIP/DHAKA

AUTHORIST STRATE Date of Expiry







Payment Invoice

INDIAN VISA APPLICATION CENTRE

Managed by: SBI State Bank of India FOR HIGH COMMISSION OF INDIA, BANGLADESH





Name: MD SHOHIDUL ISLAM

Web File No: BGDRV289AF24,BGDRV289B224

MEDICAL/MEDICAL ATTENDANT VISA Visa Type:

Mission: Rajshahi

IVAC, THAKURGAON Center:

Payment For: Indian Visa Application Fee

Online Payment Payment Type:

Fee (Collected by State Bank of India): **BDT 1600**

Payment Gateway Convenience Fee: **BDT 48**

Paid Amount: **BDT 1648**

Appointment Date: 2024-09-11 (9:00 - 9:59)

Note: This is an auto-generated payment voucher. This document does not require any signature

- *** Please check your email and sms for any updates.
- *** There is no policy to refund the amount for a successful transaction.
- *** Please ensure that you have selected the correct IVAC for form submission as per the jurisdiction