

**- 사증발급인정서를 발급받은 사람 -
사 증 발 급 신 청 서**

**APPLICATION FOR VISA
For those in possession of visa issuance confirmation**

- ▶ 신청인은 사실에 근거하여 빠짐없이 정확하게 신청서를 작성하여야 합니다.
You must fill out this form completely and correctly.
- ▶ 신청서상의 모든 질문에 대한 답변은 한글 또는 영문으로 기재하여야 합니다.
You must write in block letters either in English or Korean.
- ▶ 해당 칸[] 안에 √ 표시를 하시기 바랍니다.
For multiple-choice questions, you must check [√] all that apply.

1. 인적사항 / PERSONAL DETAILS

PHOTO 여권용사진 (35mm×45mm) - 흰색 바탕에 모자를 쓰지 않은 정면 사진으로 촬영일 부터 6개월이 경과하지 않아야 함 A color photo taken within last 6 months(full face without hat, front view against white or off-white background)	1.1 여권에 기재된 영문 성명/Full name in English (as shown in your passport)	성명 Full Name
	1.2 한자성명 漢字姓名	1.3 성별 Sex 남성/Male[] 여성/Female[]
	1.4 생년월일 Date of Birth (yyyy/mm/dd)	1.5 국적 Nationality
	1.6 출생국가 Country of Birth	1.7 국가신분증번호 National Identity No.

1.8 이전에 한국에 출입국하였을 때 다른 성명을 사용했는지 여부
 Have you ever used any other names to enter or depart Korea?
 아니요 No [] 예 Yes [] → '예' 선택 시 상세내용 기재 If 'Yes' please provide details
 (성명 Full Name)

1.9 복수 국적 여부 Are you a citizen of more than one country? 아니요 No [] 예 Yes []
 → '예' 선택 시 상세내용 기재 If 'Yes' please write the countries ()

2. 사증발급인정서 발급내용 / DETAILS OF VISA ISSUANCE CONFIRMATION

2.1 사증발급인정번호 Confirmation No.	2.2 발급일 Issue Date
2.3 여권번호 Passport No.	2.4 여권만료일 Passport Expiry Date
2.5 여권 변경 여부(최근 3개월 이내) Change of Passport(within recent 3 months)	아니요 No [] 예 Yes []

본인은 이 신청서에 기재된 내용이 거짓 없이 정확하게 작성되었음을 확인합니다. 또한 본인은 대한민국의 출입국관리법
 규정을 준수할 것을 서약합니다.

I declare that the statements made in this application are true and correct to the best of my knowledge and belief, and that I will
 comply with the Immigration Act of the Republic of Korea.

신청일자 (년 월 일) DATE OF APPLICATION (yyyy/mm/dd)
 / /

신청인 서명 또는 인 SIGNATURE OF APPLICANT/SEAL

17세 미만자의 경우 부모 또는 법정후견인의 서명 또는 인
 Signature/Seal of Parent or Legal Guardian's for a person under 17 years
 of age

공용란 FOR OFFICIAL USE ONLY

기본사항	체류자격	체류기간	사증종류	단수·복수(2회, 3회 이상)
접수사항	접수일자	접수번호	처리과	
허가사항	허가일자	사증번호	고지사항	
결재	담당자	가 [] <심사의견>		
		부 []		

< 수입인지 부착란 >

নতুন ভিসা ফরম পূরণের নমুনা কপি

■ 출입국관리법 시행규칙 [별지 제17호의3서식] <신설 2018. 6. 12.>

- 사증발급인정서를 발급받은 사람 - 사 증 발 급 신 청 서

APPLICATION FOR VISA For those in possession of visa issuance confirmation

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You must write in block letters either in English or Korean.

☐ 해당 칸[] 안에 √ 표시를 하시기 바랍니다.

For multiple-choice questions, you must check [√] all that apply.

ছয় মাসের মধ্যে তোলা ব্যাকগ্রাউন্ড সাদা ছবি আঠা দিয়ে লাগাতে হবে



off-white background)

1.1 여권에 기재된 영문 성명/Full name in English (as shown in your passport)

성명 Full Name **HOSSAIN MOHAMMAD JAKIR** (পাসপোর্ট অনুযায়ী নাম লিখতে হবে)

1.2 한자성명 漢字姓名 **MOHAMMAD**

(পাসপোর্ট অনুযায়ী নামের প্রথম অংশ লিখতে হবে)

1.3 성별 Sex **남성** (লিঙ্গ অনুযায়ী নিম্নে ঠিক চিহ্ন দিতে হবে)

남성/Male[] 여성/Female[]

1.4 생년월일 Date of Birth (yyyy/mm/dd)

1982/02/09

জন্ম তারিখ এভাবে লিখতে হবে

1.5 국적 Nationality **BANGLADESH**

(দেশের নাম লিখতে হবে)

1.6 출생국가 Country of Birth

জন্মের দেশে-এর নাম লিখতে হবে **BANGLADESH**

1.7 국가신분증번호 National Identity No.

জাতীয় পরিচয়পত্র-এর নম্বর লিখতে হবে **1983062320600001**

1.8 이전에 한국에 출입국하였을 때 다른 성명을 사용했는지 여부

Have you ever used any other names to enter or depart Korea? **জন্মের দেশে-এর নাম লিখতে হবে BANGLADESH**

아니오 No [] 예 Yes [] → '예' 선택 시 상세내용 기재 If 'Yes' please provide details

(성명 Full Name **কোরিয়াতে প্রবেশ/ছেড়ে যাওয়ার সময় অন্য কোনো নাম ব্যবহার করলে Yes টিকচিহ্ন দিয়ে নাম উল্লেখ করতে হবে না করলে No টিকচিহ্ন দিতে হবে**)

1.9 복수 국적 여부 Are you a citizen of more than one country? **아니오** No [] **예** Yes []

→ '예' 선택 시 상세내용 기재 If 'Yes' please write the countries (

একাধিক দেশের নাগরিক হলে **Yes** টিকচিহ্ন দিয়ে দেশের নাম উল্লেখ করতে হবে না করলে **No** টিকচিহ্ন দিতে হবে)

2. 사증발급인정서 발급내용 / DETAILS OF VISA ISSUANCE CONFIRMATION

2.1 사증발급인정번호 Confirmation No. **보요सेल** লিখবে

2.2 발급일 Issue Date **보요सेल** লিখবে

2.3 여권번호 Passport No. **পাসপোর্ট নম্বর** লিখতে হবে

2.4 여권만료일 Passport Expiry Date **পাসপোর্টের মেয়াদ উত্তীর্ণ তারিখ** লিখতে হবে

2.5 여권 변경 여부(최근 3개월 이내)

아니오 No [] 예 Yes []

Change of Passport(within recent 3 months)

সাম্প্রতিক (৩ মাসের মধ্যে) পাসপোর্ট পরিবর্তন হলে Yes টিকচিহ্ন দিতে হবে না করলে No টিকচিহ্ন দিতে হবে

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규정을 준수할 것을 서약합니다.
I declare that the statements made in this application are true and correct to the best of my knowledge and belief, and that I will comply with the Immigration Act of the Republic of Korea.

신청일자 (년 월 일) DATE OF APPLICATION (yyyy/mm/dd)

সংশ্লিষ্ট কর্মীর পাসপোর্ট অনুযায়ী স্বাক্ষর দিতে হবে

신청인 서명 또는 인 SIGNATURE OF APPLICANT/SEAL

17세 미만자의 경우 부모 또는 법정후견인의 서명 또는 인

Signature/Seal of Parent or Legal Guardian's for a person under 17 years

of age

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접수사항	접수일자	접수번호	처리과	
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결재	담당자	가 [] <심사의견>		
		부 []		

< 수입인지 부착란 >

E-9 / E-10 / H-2 자격 사증신청자 확인서

E-9 / E-10 / H-2 Visa Applicants' Health & Mental Statement

이 확인서는 대한민국의 비전문취업(E-9), 선원취업(E-10), 방문취업(H-2) 자격의 사증 또는 사증발급인정서의 발급을 신청한 외국인이 본인의 건강 및 심리상태를 직접 확인하여야 하는 체크리스트입니다. 아래 기재할 사항을 누락하거나 허위사실을 기재한 경우에는 사증발급이 불허되거나 입국한 후에 체류허가의 취소 또는 강제퇴거 등의 불이익을 받을 수 있으므로 정확하게 기재해 주십시오.

This form is to check the E-9, E-10 and H-2 visa applicants' health and mental state. An applicant must fill out this form accurately and truthfully. An applicant will be faced with consequences such as denial of visa application, cancellation of visa approval, and/or deportation if the details on the statement are not true or missed out.

1) 성명 (Full Name (As in passport))	2) 생년월일 (Date of Birth, yyyy-mm-dd)	
3) 국적: (Nationality)	4) 성별 (Sex)	5) 여권번호 (Passport Number)

6) 귀하는 공중보건에 위협이 되는 전염성 질환에 감염되었습니까?
Have you ever had any infectious diseases that threatened the public health before?

예 Yes (Name of Disease : Syphilis, Viral hepatitis type B, Tuberculosis) 아니오 No

7) 귀하는 최근 5년 이내에 통제된 물질(마약류)을 복용한 적이 있거나 알코올 등에 중독된 적이 있습니까? Have you taken any banned substances(drugs) or been addicted to alcohol in the last 5 years?

예 Yes (Name of Drug :) 아니오 No

8) 귀하는 과거 정신적, 감정적 또는 신경적 혼란으로 의사의 치료를 받은 적이 있습니까?
Have you ever received medical treatment for mental, emotional, or neurotic disorders?

예 Yes (Name of Disorder :) 아니오 No

9) 최근 5년 이내에 심각한 질병, 상해 등을 겪은 사실이 있습니까?
Have you had any serious diseases or injuries in the last 5 years?

예 Yes (Name and recent state :) 아니오 No

<유의사항>

귀하는 대한민국에 입국한 후 90일 이상 체류하고자 할 경우 입국 후 90일 이내에 외국인등록을 하여야 하며, 외국인등록을 신청할 때에는 반드시 대한민국정부가 지정하는 병원에서 발급한 건강진단서를 제출해야 합니다. 또한, 외국인등록시 대한민국정부가 정하는 기초법질서교육을 이수하여야지만 외국인등록이가능함을 유의하시기 바랍니다.

You must be registered as a foreigner at the immigration office or branch office under the jurisdiction of your residence within 90 days after arriving in Korea if you wish to stay longer than 90 days. At the time of registration, you must submit your medical examination certificate obtained from the designated hospitals by the Korean government. Besides, you must complete the basic training program on law and order set by the government for alien registration.

2022 / (Month) / (Day)

신청인(Applicant):

(Signature)

주방글라데시인민공화국 대한민국 대사 (총영사) 귀하

E-9 / E-10 / H-2 자격 사증신청자 확인서

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1) 성명 HOSSAIN MD SAZMUL (Full Name (As in passport))	2) 생년월일 1991 NOV 27 (Date of Birth, yyyy-mm-dd)
3) 국적: BANGLADESH (Nationality)	4) 성별 MALE (Sex)
5) 여권번호 A00983052 (Passport Number)	

6) 귀하는 공중보건에 위협이 되는 전염성 질환에 감염되었습니까?
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<유의사항>
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20231 (Month) 021 (Day) 07
 신청인(Applicant): *Sazmul*
(Signature)

주방글라데시인민공화국 대한민국 대사 (총영사) 귀하

দক্ষিণ কোরিয়া এম্বাসি, ঢাকা-এর চাহিদামতে স্বাস্থ্য পরীক্ষার সনদ নমুনা অনুযায়ী জমা দিতে হবে। এর ব্যতয় ঘটলে ভিসা রিজেক্ট বা বাতিল হবে। সংশ্লিষ্ট সকলকে উক্ত নমুনা অনুযায়ী স্বাস্থ্য পরীক্ষা সম্পন্ন করতে হবে। এক্ষেত্রে কোনো তদবির বা সুপারিশ গ্রহণযোগ্য না।

MEDICAL CHECK-UP FORM					
			Civil Surgeon (in charge) Jhalakati		
성명 Full Name	[REDACTED]		검진일자 Date of Exam	15 July 2023	
국적 Nationality	BANGLADESHI		생년월일 Date of Birth	2000-05-05	
여권번호 Passport No.	EG0177000		검진기관 참조번호 Medical Center Reference No.	CS OFFICE JHALAKATI	
주소 Address	HOSPITAL, G.HOSPITAL, JHALAKATI			성별(Sex)	M
▲이학적소견(Physical Report)					
신장(height)	[REDACTED] cm	시력 Visual acuity	Rt:(6/6)		
초중(Weight)	[REDACTED] kg		Lt:(6/6)		
색신(Color Vision)	NORMAL	청력 Audiometry	Rt:(NORMAL)		
혈압(Blood Pressure)	120/80 /mmhg		Lt:(NORMAL)		
▲이상검사소견(Laboratory Report)					
구분 Section	검사항목 Item	결과 Result	구분 Section	검사항목 Item	결과 Result
소변검사 Urinalysis	요당 Urine Glucose	NEGATIVE	전염병검사(Epidemic Disease)		
	요단백 Urine Protein	NEGATIVE	간염항원 Hepatitis	HBs Ag	NEGATIVE
	요장혈 Urine Blood	NILL	매독반응 Syphilis	VDRL	NON-REACTIVE
간기능 Liver Function	혈청 GOT Serum GOT	[REDACTED] U/L	후천성면역결핍증 AIDS	AIDS	NEGATIVE
	혈청 GPT Serum GPT	[REDACTED] U/L	2차 전염병 검사(Exam for positives)		
정콜레스테롤 T-Cholesterol	T-Cholesterol	142 mg/dl	간염 Hepatitis	Hbe Ag	NEGATIVE
빈혈 Anemia	Hematocrit	[REDACTED]		Hbe Ab	NEGATIVE
혈액형 Blood Type	ABO	[REDACTED]	매독 Syphilis	TPHA	NEGATIVE
	RH	[REDACTED]	후천성면역결핍증 AIDS	AIDS	NEGATIVE
흉부간찰 Chest X-ray	Film No.	23010416	흉부직할 Chest P.A	Film No.	23010416
	소견 Finding	NORMAL		소견 Finding	NORMAL
▲ 종합판정 (Summary & Recommendation)					
CERTIFY THAT THIS PERSON IS MEDICALY FIT					
Public Hospital /Health Care Center G.HOSP.JHALAKATI			Signature		

Civil Surgeon (in charge)
 Jhalakati