Online Nonimmigrant Visa Application (DS-160)

Application - Sensitive But Unclassified(SBU)

We do not need a printed copy of your application at any point during your interview process. Only print this application if you want a copy for your own records. If you print your application, please keep it secure.

Photo Provided:

Photo will be taken at the ASC.

Confirmation Number:



Your Personal Copy -- Do Not Bring to Interview

Personal, Address, Phone, and Passport/Travel Document Information

Name Provided:	KOMAL, FNU
Full Name in Native Language:	DOES NOT APPLY

Other Names Used: NO Telecode Name Used: NO

Sex: **FEMALE** Marital Status: **DIVORCED**

09 DECEMBER 1994 Date of Birth:

Place of Birth: MATHANA, HARYANA, INDIA

INDIA Country/Region of Origin (Nationality):

Do you hold or have you held any nationality other than the one NO indicated above on nationality?

Are you a permanent resident of a country/region other than your

NO country/region of origin (nationality) above?

National Identification Number: 546925608540 DOES NOT APPLY U.S. Social Security Number:

U.S. Taxpayer ID Number: DOES NOT APPLY

V P O MATHANA 364 Home Address:

DISTT KURUKSHETRA

KURUKSHETRA City:

State/Province: **HARYANA** Postal Zone/ZIP Code: 136131 Country/Region: **INDIA**

Same Mailing Address? YES

Primary Phone Number: 9416840407

Secondary Phone Number:

DOES NOT APPLY

Work Phone Number:

DOES NOT APPLY

Do you have any additional phone numbers?

Email Address: komalhar684@gmail.com

Do you have any additional email addresses?

Do you have a social media presence?

Social Media Platform: (1):

Social Media Identifier:

Do you have any additional social media presence? NO

Passport/Travel Document Type: REGULAR
Passport/Travel Document Number: Y3244405

Passport Book Number: DOES NOT APPLY

Country/Authority that Issued Passport/Travel Document: INDIA

City Where Issued: CHANDIGARH

Country/Region Where Issued: INDIA

Issuance Date: 03 JUNE 2024
Expiration Date: 02 JUNE 2034

Have you ever lost a passport or had one stolen? NO

Travel Information

The List of Purposes of Trip to the U.S.

Purpose of Trip to the U.S. (1): ACADEMIC OR LANGUAGE STUDENT (F)

Specify: STUDENT (F1)

Have you made specific travel plans?

Intended Date of Arrival: 14 AUGUST 2024

Intended Length of Stay in U.S.: 4 YEAR(S)

Address where you will stay in the U.S.: 401 15TH STREET

City, State, Postal/Zip Code: OAKLAND, CALIFORNIA 94612

Person/Entity Paying for Your Trip:

Person Paying for Your Trip:

KUMAR , ASHOK
Telephone Number:

8059283584

Email Address: DOES NOT APPLY

Relationship to You: PARENT

Is the address of the party paying for your trip the same as your Home

or Mailing Address?

Are there other persons traveling with you?

Have you ever been in the U.S.?

Have you ever been issued a U.S. visa?

Have you ever been refused a U.S. Visa, or been refused admission to

the United States, or withdrawn your application for admission at the port of entry?

YES

Explain: MY STUDENT VISA WAS REJECTED E ARLIER. REASON UNKNOWN TO ME.

Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?

NO

U.S. Contact Information

Contact Person Name in the U.S.: AU, KALING LINCOLN UNIVERSITY Organization Name in the U.S.: Relationship to You: SCHOOL OFFICIAL U.S. Contact Address: 401 15TH STREET OAKLAND, CALIFORNIA 94612 Phone Number: +5106288010 Email Address: admissions@lincolnuca.edu **Family Information** Father's Surnames: **KUMAR** Father's Given Names: **ASHOK** Father's Date of Birth: 12 AUGUST 1971 Is your father in the U.S.? NO Mother's Surnames: **RANI** Mother's Given Names: **SEETA** Mother's Date of Birth: 14 NOVEMBER 1972 Is your mother in the U.S.? Do you have any immediate relatives, not including parents in the U.S.? NO Do you have any other relatives in the United States? NO Number of former spouses: Former Spouse's Name (1): CHAUDHARY, ANKIT Date of Birth: 10 APRIL 1998 INDIA Country/Region of Origin (Nationality): **KAITHAL** Place of Birth City: INDIA Place of Birth Country/Region: Date of Marriage: 08 APRIL 2021 24 APRIL 2023 Date Marriage Ended: PETITION UNDER SECTION 13-B OF How the Marriage Ended: THE HINDU MARRIAGE ACT, 1955 FOR DISSOLUTION OF MARRIAGE BY DECREE OF DIVORCE ON THE GROU ND OF MUTUAL CONSENT. Country/Region Marriage was Terminated: INDIA Work/Education/Training Information Primary Occupation: NOT EMPLOYED ALWAYS HAVING KEEN INTEREST IN Explain: OBTAINING A FOREIGN DEGREE IN DIAGNOSTIC IMAGING I WANTED T O APPLY FOR USA STUDY VISA. I

JOINED AN NGO TO CREATE HEALTH CARE AWARENESS AND DECIDED TO APPLY FOR LINCON UNIVERSITY A

ND RECEIVED MY I-20.

Were you previously employed? NO

Have you attended any educational institutions at a secondary level or

above?

Name of Institution (1): PANDIT BHAGWAT DAYAL SHARMA UNIVERSITY

KOTHI NO 14 SEC 13 U E BABAIN Address of Institution:

KURUKSHETRA City:

State/Province: **HARYANA** 136156 Postal Zone/ZIP Code: Country/Region: **INDIA** DIPLOMA IN GENERAL NURSING AND MIDWIFERY Course of Study: Date of Attendance From: SEPTEMBER 2013 Date of Attendance To: OCTOBER 2018 Do you belong to a clan or tribe? Provide a List of Languages You Speak: Language Name (1): **ENGLISH** HINDI Language Name (2): Have you traveled to any countries/regions within the last five years? NO Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? NAYI UMEED Name of Organization (1): Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? Have you ever served in the military? NO Have you ever served in, been a member of, or been involved with a NO paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? Security and Background Information Do you have a communicable disease of public health significance? (Communicable diseases of public significance NO include chancroid, gonorrhea, granuloma inquinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of NO yourself or others? Are you or have you ever been a drug abuser or addict? NO Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or NO other similar action? Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? NO Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been NO engaged in prostitution or procuring prostitutes within the past 10 years? NO Have you ever been involved in, or do you seek to engage in, money laundering? Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the NO United States? NO Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities? Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to NO commit a severe human trafficking offense in the United States or outside the United States? Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the NO United States? Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist NO organizations? Are you a member or representative of a terrorist organization? NO Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing NO

NO

NO

financial assistance or other support to terrorists or terrorist organizations, in the last five years?

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?	NO
Have you ever engaged in the recruitment or the use of the child soldiers?	NO
Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?	NO
Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?	NO
Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?	NO
Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?	NO
Have you ever been removed or deported from any country?	NO
Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?	NO
Have you voted in the United States in violation of any law or regulation?	NO
Have you ever renounced United States citizenship for the purpose of avoiding taxation?	NO

Student/Exchange Visa Information

Additional Point of Contact Information:

Name (1): SINGH, SATBIR
Street Address: VPO MATHANA
City: KURUKSHETRA
State/Province: HARYANA
Postal Zone/ZIP Code: 131136
Country/Region: INDIA

Telephone Number: 9416840407

Name (2): KUMAR, RAJENDER

Charles Addresses

Street Address: GULAB COLONY WARD NO 11 TARAORI

City: KARNAL
State/Province: HARYANA
Postal Zone/ZIP Code: 132116
Country/Region: INDIA
Telephone Number: 9050929571

Email Address: rajinderkalra280@gmail.com

SEVIS ID: N0034159476

Name of School: LINCOLN UNIVERSITY

Course of Study: BACHELOR'S IN HEALTH SERVICE HEALTH SCIENCE

Street Address: 401 15TH STREET

OAKLAND, CALIFORNIA 94612

satbirmathana1@gmail.com

Location Information

Email Address:

Location where you will be submitting your application

Current Location: KOLKATA, INDIA

Preparer of Application

Did anyone assist you in filling out this application?

Your Personal Copy -- Do Not Bring to Interview

You electronically signed your application on 02-Jul-2024 04:11:24 (GMT-05:00). You were required to electronically sign your application yourself, unless otherwise exempt by regulation, even if the application was prepared by someone other than yourself. Your electronic signature certifies that you have read and understood the questions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing any false or misleading statements may result in the permanent refusal of a visa or the denial of entry into the United States. All declarations made in this application

are unsworn declarations made under penalty of perjury. (28 U.S.C. 1746).

You certified that you understand that you are required to submit your visa to the United States Immigration Officer at the port where you apply to enter the United States, and that possession of the visa does not entitle you to enter the United States if, upon your arrival, you are found to be inadmissible under U.S. immigration laws. You certified that you understand that any willfully false or misleading statement or willful concealment of a material fact made by you within the application may subject you to permanent exclusion from the United States and, if you are admitted to the United States, may subject you to criminal prosecution and/or deportation.

The information that you have provided in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. If fingerprints are collected as part of your application process, they may be used for the purpose of comparing them to other fingerprints in the FBI's Next Generation Identification (NGI) fingerprint system or its successor systems (including civil, criminal, and latent fingerprint repositories). The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.

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