

California State University, Fresno

VISA INFORMATION FORM

NAME:	First Name - Last	/Family Name - Middle In	itial	BIR	THDATE: O	8/24/2001 MM/DD/YYW		
Do you now	hold a valid U.S. visa?	Yes No	If Yes, what	t type (F-1, J-	-1, E-2, etc.):			
If you hold a	n F-1 visa, list the institu	ution that issued you	ur I-20, and your SE	VIS Identifica	ation number	(top right-corner of I-20):		
INSTITUTION	/ SCHOOL:			YOUR SEVIS ID #:				
If you hold a email addres	J-1 visa, list the institut ss, phone, and fax numb	ion that issued your per of the Responsib	DS-2019, and your le Officer at this ins	SEVIS Identi titution:	ification numb	er. Also give the name,		
INSTITUTION / SCHOOL:				YOUR SEVIS ID #:				
RESPONSIBL	E OFFICER (RO):	EMAIL:		PHONE:	, E	AX:		
	mbers will be coming to NAME RST, LAST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYY)	country of		n below:	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)		
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		T						
	¥		·					
needed for Please comp amount and	one academic year is a plete the information be	ey to meet all exper approximately \$23,0 slow about your spo our sponsor is a go	000 for graduate st nsor. <u>Request your</u> vernment agency,	g California udents and sponsor to s organizatio	\$26,000 for u send a bank le n, or other gr	ty, Fresno. The amount ndergraduate students. tter/statement showing oup, you must attach a		
SPONSOR'S N	AME: Pau	an kun	ar			0 - 10		
SPONSOR'S A	DDRESS: M. No-	9 Patti	Jallu	ki, ko	if with	ala Tudia 14480		
	t.	1						
SPONSOR'S P	HONE NUMBER(S):	11-9888	929994		1			

FRESN@STATE

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NAME: First Name - Last /	J U Family Name - Middle	e Initial	BIF	RTHDATE: <u>0</u>	8)24/2001 MM/DD/YYYY	
Do you now hold a valid U.S. visa? (Yes N	o If Yes, wh	at type (F-1, J	-1, E-2, etc.):		
If you hold an F-1 visa, list the institut	tion that issued y	our I-20, and your S	EVIS Identific	ation number	(top right-corner of I-20):	
INSTITUTION / SCHOOL:			YOUR SEVIS ID #:			
If you hold a J-1 visa, list the institution email address, phone, and fax number				fication num	ber. Also give the name,	
INSTITUTION / SCHOOL:		YOUR SEVIS ID #:				
RESPONSIBLE OFFICER (RO):	EMAIL:		PHONE:	Į.	FAX:	
If family members will be coming to t	he USA with you	, please complete th	ne information	n below:		
NAME (FIRST, LAST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	COUNTRY OF	BIRTH	GENDER (M or F)	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)	
(1.00)	PA			(W U F)	(i.e. spouse, solv, Daughter)	
	Statemen	nt of Financial Sponse	orship			
Students must have sufficient money needed for one academic year is ap Please complete the information belo amount and source of support. If you separate letter from your sponsor the	proximately \$23, w about your spo r sponsor is a go	,000 for graduate s onsor. <u>Request you</u> overnment agency,	tudents and s r sponsor to s organization	\$26,000 for u end a bank le a, or other gr	ndergraduate students.	
SPONSOR'S NAME: Pulya	Rajo	ý		h Alex	0.1 - 0.1	
SPONSOR'S ADDRESS: HNO - 9,	Yatti Ja	Un ki, to	epertho	la-144	1804, India	
SPONSOR'S PHONE NUMBER(S):	1-860=	1019173			· e	
SPONSOR'S RELATIONSHIP TO YOU:	ofun	(i.e. PARENT, UNCLE, FRIEND, I	ETC.)		2 2	

Affidavit of Support

If your funding is coming from a private sponsor, such as a parent, family member, or friend, it must be accompanied by an affidavit of support. Please have your sponsor fill out and sign this form and submit it with his/her bank information. If you prefer not use this form, a letter including the same pertinent information is acceptable.

University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413
Dear Admissions Official:
I, (name of sponsor): Pawan framak , (relationship to
student): Uncle of (student's name): Riya, will
provide financial sponsorship in the amount of \$US Dollars for his/her
studies at the University of Wisconsin-Milwaukee.
Sincerely,
Pawan kumele
Sponsor's Name
Pavorten
Sponsor's Signature

Affidavit of Support

If your funding is coming from a private sponsor, such as a parent, family member, or friend, it must be accompanied by an affidavit of support. Please have your sponsor fill out and sign this form and submit it with his/her bank information. If you prefer not use this form, a letter including the same pertinent information is acceptable.

Date: April 03, 2023
University of Wisconsin-Milwaukee International Admissions P.O. Box 413 Milwaukee, WI 53201-0413
Dear Admissions Official:
I, (name of sponsor): Riya Baj'ay , (relationship to student): Aunt of (student's name): Riya , will
provide financial sponsorship in the amount of \$ 32607.10 US Dollars for his/her
studies at the University of Wisconsin-Milwaukee.
Sincerely,
Sponsor's Name

Sponsor's Signature

Phone: 414/229-4846