



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:



Confirmation Number:



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

| | |
|--|---------------------------------|
| Name Provided: | GHAURRY, SNEH |
| Full Name in Native Language: | DOES NOT APPLY |
| Other Names Used: | NO |
| Telecode Name Used: | NO |
| Sex: | FEMALE |
| Marital Status: | SINGLE |
| Date of Birth: | 09 FEBRUARY 1991 |
| Place of Birth: | BARWALA, HARYANA, INDIA |
| Country/Region of Origin (Nationality): | INDIA |
| Do you hold or have you held any nationality other than the one indicated above on nationality? | NO |
| Are you a permanent resident of a country/region other than your country/region of origin (nationality) above? | NO |
| National Identification Number: | DOES NOT APPLY |
| U.S. Social Security Number: | DOES NOT APPLY |
| U.S. Taxpayer ID Number: | DOES NOT APPLY |
| Home Address: | HOUSE NO 807 VILLAGE BARWALA |
| City: | PANCHKULA |
| State/Province: | HARYANA |
| Postal Zone/ZIP Code: | 134118 |
| Country/Region: | INDIA |

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|---|--------------------------|
| Same Mailing Address? | YES |
| Primary Phone Number: | 9779274043 |
| Secondary Phone Number: | 8968048229 |
| Work Phone Number: | DOES NOT APPLY |
| Do you have any additional phone numbers? | NO |
| Email Address: | snehghaurryusa@gmail.com |
| Do you have any additional email addresses? | NO |
| Do you have a social media presence? | |
| Social Media Platform: (1): | NONE |
| Social Media Identifier: | |
| Do you have any additional social media presence? | NO |
| Passport/Travel Document Type: | REGULAR |
| Passport/Travel Document Number: | Z4549808 |
| 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: | 14 JUNE 2018 |
| Expiration Date: | 13 JUNE 2028 |
| Have you ever lost a passport or had one stolen? | NO |

Travel Information

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

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| Purpose of Trip to the U.S. (1): | ACADEMIC OR LANGUAGE STUDENT (F) |
| Specify: | STUDENT (F1) |
| Have you made specific travel plans? | NO |
| Intended Date of Arrival: | 09 OCTOBER 2022 |
| Intended Length of Stay in U.S.: | 2 YEAR(S) |
| Address where you will stay in the U.S.: | 1600 E WASHINGTON BLVD |
| Person/Entity Paying for Your Trip: | OTHER PERSON |
| Person Paying for Your Trip: | SINGH , SUKHDEV |
| Telephone Number: | 8950243516 |
| Email Address: | DOES NOT APPLY |
| Relationship to You: | OTHER RELATIVE |
| Is the address of the party paying for your trip the same as your Home or Mailing Address? | NO |
| Payer's Address: | VPO SAIR |
| City: | KAITHAL |
| State/Province: | HARYANA |
| Postal Zone/ZIP Code: | 136033 |
| Country/Region: | INDIA |
| Are there other persons traveling with you? | NO |
| Have you ever been in the U.S.? | NO |
| Have you ever been issued a U.S. visa? | NO |
| 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 | YES |

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port of entry?

Explain: DON'T KNOW THE EXACT REASON

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.: HAUSE, COURTNEY
 Organization Name in the U.S.: INDIANA INSTITUTE OF TECHNOLOGY
 Relationship to You: SCHOOL OFFICIAL
 U.S. Contact Address: 1600 E WASHINGTON BLVD
 FORT WAYNE, INDIANA 46803
 Phone Number: +12604225561
 Email Address: IntlGradAdmissions@indianatech.edu

Family Information

Father's Surnames: NATH
 Father's Given Names: RAM
 Father's Date of Birth: 04 APRIL 1967
 Is your father in the U.S.? NO
 Mother's Surnames: DHALOI
 Mother's Given Names: REKHA
 Mother's Date of Birth: 20 MAY 1968
 Is your mother in the U.S.? NO
 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

Work/Education/Training Information

Primary Occupation: MEDICAL/HEALTH
 Present Employer or School Name: SHIVA DENTAL CLINIC
 Address: 1022 2, PINJORE HIGHWAY
 RAM NAGAR
 City: KALKA
 State/Province: HIMACHAL PRADESH
 Postal Zone/Zip Code: 133302
 Country/Region: INDIA
 Work Phone Number: 9050191448
 Monthly Salary in Local Currency (if employed): 30000
 Briefly Describe your Duties: MY JOB DUTIES AS A MANAGER ARE TO LOOK AFTER THE SUPERVISION AND APPOINTMENT OF STAFF. MANAGING INSURANCE CLAIMS. TAKING CARE OF MARKETING AND PUBLIC RELATIONS. TO LOOK AFTER THE POLICIES OF THE COMPANY ETC.
 Were you previously employed? NO
 Have you attended any educational institutions at a secondary level or above? YES
 Name of Institution (1): B R S DENTAL COLLEGE AND HOSPITAL
 Address of Institution: SULTANPUR
 City: PANCHKULA

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| State/Province: | HARYANA |
| Postal Zone/ZIP Code: | 134118 |
| Country/Region: | INDIA |
| Course of Study: | BACHELORS OF DENTAL SURGERY |
| Date of Attendance From: | MAY 2013 |
| Date of Attendance To: | DECEMBER 2016 |
| Do you belong to a clan or tribe? | NO |
| Provide a List of Languages You Speak: | |
| Language Name (1): | ENGLISH |
| Language Name (2): | HINDI |
| 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? | NO |
| Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? | NO |
| Have you ever served in the military? | NO |
| Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? | NO |

Security and Background Information

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| Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.) | NO |
| Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? | NO |
| 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 other similar action? | NO |
| 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 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? | NO |
| Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the 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? | NO |
| Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States? | NO |
| Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? | NO |
| Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? | NO |
| Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? | NO |
| 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 financial assistance or other support to terrorists or terrorist organizations, in the last five years? | NO |
| Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? | NO |
| Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? | NO |
| Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? | NO |

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| 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:

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| Name (1): | FNU, SARITA |
| Street Address: | SUB DIVISIONAL HOSPITAL |
| City: | KALKA |
| State/Province: | HARYANA |
| Postal Zone/ZIP Code: | 133302 |
| Country/Region: | INDIA |
| Telephone Number: | 9416725122 |
| Email Address: | amanguddu.sarita@gmail.com |
| Name (2): | MALIK, SUMAN |
| Street Address: | HNO 1551 20C |
| City: | CHANDIGARH |
| State/Province: | CHANDIGARH |
| Postal Zone/ZIP Code: | 160020 |
| Country/Region: | INDIA |
| Telephone Number: | 9306691780 |
| Email Address: | snehx260111@gmail.com |
| SEVIS ID: | N0032941997 |
| Name of School: | INDIANA INSTITUTE OF TECHNOLOGY |
| Course of Study: | MASTERS OF BUSINESS COMMERCE |
| Street Address: | 1600 E WASHINGTON BLVD FORT WAYNE, INDIANA 46803 |

Location Information

Location where you will be submitting your application

Current Location: MUMBAI, INDIA

Preparer of Application

Did anyone assist you in filling out this application? NO

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You electronically signed your application on 23-Aug-2022 02:46:40 (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.