

Personal, Address, Phone, and Passport Information

Note: You have completed data entry for your NIV application. Before submitting the application, please review your entries below. To navigate to the next section to be reviewed, click the 'Next' button on the bottom of the page. If an entry is incorrect, click on the links on the right side of the page, which will direct you to the page where you entered the data. Once you have reviewed all sections, you will be directed to the Sign and Submit page to complete the application process. Photo Provided:

> Photo will be taken at the ASC

DO NOT BRING THIS TO YOUR INTERVIEW

Edit Personal Information

SUSANNA Name Provided:

Full Name in Native Alphabet:

Other Names Used:

Telecode Name Used:

Sex:

f Emale

Marital Status:

KINGLE

Date of Birth:

11/01/1997

Country/Region of Birth:

INDIA

Country/Region of Origin (Nationality): INDIAN

Do you hold or have you held any nationality other than the one

NO

indicated above on nationality?

NO

Are you a permanent resident of a country/region other than your country/region of origin (nationality) above?

National Identification Number:

= 6829 7207 1428

U.S. Social Security Number:

U.S. Taxpayer ID Number:

Edit Address and Phone Information

Home Address:

HNO. 181, WARD NO. 14, MAJITHA ROAD, GREEN FIELD

AMRITSAR-I, AMRITSAR, PUNJAB 143001.

City:

AMRITSAR

State/Province:

PUNJAB

Postal Zone/ZIP Code:

143001

Country/Region:

INDIA

Same Mailing Address?

Primary Phone Number:

8434402686

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Secondary Phone Number:

Work Phone Number:

Have you used additional phone numbers in the last five years? NO

Email Address:

Have you used additional email addresses in the last five years?

Do you have a social media presence?

Social Media Provider/Platform (1):

FACEBOOK

Social Media Identifier:

SUSANNA S

Have you used additional social media platforms in the last five years?

Edit Passport/Travel Document Information

Passport/Travel Document Type:

REGULAR

Passport/Travel Document Number:

N1361963

Passport Book Number:

Country/Authority that Issued Passport/Travel Document: INDIA

NO

City where issued:

AMRITSAR

Country/Region where issued:

INDIA

Issuance Date:

24/07/2015

Expiration Date:

Have you ever lost a passport or had one stolen?

Travel Information

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Edit Travel Information

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

Purpose of Trip to the U.S. (1):

STUDY

Specify:

Have you made specific travel plans?

Intended Date of Arrival:

JANUARY 1, 2024

Intended Length of Stay in U.S.:

Address where you will stay in the U.S.:

2 years P.O. Box 2 44023, Montgomery,

AL, 36124

Person/Entity Paying for Your Trip:

Name of Person Paying for Your Trip:

RAMBIR SINGH

Telephone Number:

9888833711

Email Address:

Relationship to You:

UNCLE

Is the address of the party paying for your trip the same as your Home or Mailing Address?

Payer's Address:

City:

AMRITSAR,

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Edit Travel Companions Information

Other Persons Traveling with You:

NO

Edit Previous U.S. Travel Information

Have you ever been in the U.S.?

NO NO

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?

NO

Explain:

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



U.S. Contact Information

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Edit U.S. Point of Contact Information TROTTER

Contact Person Name in the U.S.:

FLORENCE ERIM

Organization Name in the U.S.:

MONTGOMERY AUBURN UNIVERSITY AT

Relationship to You:

SCHOOL OFFICIAL

U.S. Contact Address:

P.O. BOX 244023, MONTGOMERY

AL, 36124

Phone Number:

Email Address:



Family Information

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Edit Family Information: Relatives

Father's Surnames:

JOSEPH

Father's Given Names:

STANLEY ARTHUR

Father's Date of Birth:

05/06/1949

Is your father in the U.S.?

NIC

Mother's Surnames:

HABOUT

Mother's Given Names:

ROSE MARY

Mother's Date of Birth:

06/04/1963

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

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Edit Present Work Information

Primary Occupation:

ADVISOR, PATIENT CARE

Explain:

(SENIOR COCCOCCOCCO ASSOCIATE)

Edit Previous Work Information

Were you previously employed?

🖄 Have you attended any educational institutions at a secondary level

BMASHREE COULGE OF HOSPITAL ADMINISTRATION
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
4+W 'T' BLOCK, JAYANAGAR, BENGDLURU. 560041 Name of Institution (1): PADMASHREE

Address of Institution:

City:

BENGALURU

Postal Zone/ZIP Code:

KARNATAKA 560041

State/Province:

Country/Region: Course of Study:

INDIA

BACHELORS

IN HOSPITAL ADMINISTRATION

Date of Attendance From:

OCTOBER 2018

Date of Attendance To:

JANUARY 2012

Edit Additional Information

Do you belong to a clan or tribe?

Provide a List of Languages You Speak:

Language Name (1):

ENGUSH

Language Name (2):

Language Name (3):

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?

YES.

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

Student/Exchange Visa Information

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Edit Additional Point of Contact Information

Additional Point of Contact Information:

Name(1): ,

City:

CINDERFLLA

JOSEPH

CONNAUGHT FLOOR,

RESIDENCY

Street Address:

1537, GROUND SECTOR THA,

MOHALI

State/Province:

CHANDI GARH

Postal Zone/ZIP Code:

PUNJAB 140307

Country/Region:

Telephone Number:

INDIA 82648117,55

Email Address:

Name(2):

Ther

NIRMAL MASIH

Street Address:

VILLAGE

RORI, POST OFFICE MAJITHA

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Telephone Number:

Email Address:

AMRITSAR

PUNT AB

143601

IMDIA

9877103080

Edit SEVIS Information

SEVIS ID:

N0035028439

Name of School:

AUBURN UNIVERSITY AT MONTGOMERY

Course of Study: Street Address:

MASTERS IN BUSINESS COMMERCE, (GENERAL)

P.O. BOX 244023, MONTGOMERY, AL 36124



Location Information

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Edit Location Information

Location where you will be submitting your application

Current Location:

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2011/2023