



U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Harleen) Shivani

Online Nonimmigrant Visa Application (DS-160)

(Shivani)

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.

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Edit Personal Information

Name Provided: PANKAJ KUMAR

Full Name in Native Alphabet:

Other Names Used:

Telecode Name Used:

Sex: MALE

Marital Status: SINGLE

Date of Birth: 13/07/2002

Country/Region of Birth: INDIA

Country/Region of Origin (Nationality):

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: 6986 4621 8129

U.S. Social Security Number:

U.S. Taxpayer ID Number:

Edit Address and Phone Information

Home Address: SANT NAGAR, Jandauli, Rajpura, PATIALA

City: RAJPURA

State/Province: PUNJAB

Postal Zone/ZIP Code: 140401

Country/Region: INDIA

Same Mailing Address?

Primary Phone Number: 7657979756

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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? **NO**

Do you have a social media presence?

Social Media Provider/Platform (1): **Facebook**

Social Media Identifier:

Have you used additional social media platforms in the last five years? **NO**

Edit Passport/Travel Document Information

Passport/Travel Document Type: **Regular**

Passport/Travel Document Number: **U9369519**

Passport Book Number:

Country/Authority that Issued Passport/Travel Document: **INDIA**

City where issued: **Chandigarh**

Country/Region where issued: **INDIA**

Issuance Date: **25/02/2021**

Expiration Date: **24/02/2031**

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

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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? NO

Intended Date of Arrival: 10 January 2024

Intended Length of Stay in U.S.: 5 Years

Address where you will stay in the U.S.: PO Box 413, MILWAUKEE WISCONSIN 53201

Person/Entity Paying for Your Trip: FATHER and GRANDFATHER

Name of Person Paying for Your Trip: DEEPAK KUMAR / PREM KUMAR

Telephone Number: 9877937642

Email Address: deepak.kumar85672@gmail.com

Relationship to You: FATHER

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

Payer's Address: SANT NAGAR, JANDAULI RAJPURA PATIALA PUNJAB

City: RAJPURA

State/Province: PUNJAB

Postal Zone/ZIP Code: 140401

Country/Region: INDIA

[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

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 port of entry? NO

Explain:

Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? NO

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U.S. Contact Information

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Edit U.S. Point of Contact Information

Contact Person Name in the U.S.: *Andrea Joseph*
Organization Name in the U.S.: *UNIVERSITY of Wisconsin Milwaukee*
Relationship to You: *- SCHOOL official*
U.S. Contact Address: *PO BOX 413, MILWAUKEE, WI 53201*

Phone Number: *414 229 2222*
Email Address: *cie@uwm.edu*

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Family Information

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Edit Family Information: Relatives

Father's Surnames: KUMAR

Father's Given Names: DEEPAK

Father's Date of Birth: 01/01/1983

Is your father in the U.S.? NO

Mother's Surnames: KUMARI

Mother's Given Names: KAJAL

Mother's Date of Birth: 01/01/1985

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

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Work / Education / Training Information

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Edit Present Work Information

Primary Occupation:

Explain:

Edit Previous Work Information

Were you previously employed?

Have you attended any educational institutions at a secondary level or above?

Name of Institution (1): ~~UNIVERSITY OF WISCONSIN MILWAUKEE~~
SH KK SENIOR SECONDARY SCHOOL

Address of Institution: ~~PO BOX 113, MILWAUKEE, WI 53201~~
RAJPURA TOWN, NEAR SD SCHOOL.

City: ~~MILWAUKEE~~ RAJPURA
State/Province: ~~WISCONSIN~~ PUNJAB

Postal Zone/ZIP Code: 140401

Country/Region: ~~UNITED STATES~~ INDIA

Course of Study: ~~COMPUTER SCIENCE~~ SENIOR SECONDARY

Date of Attendance From: ~~22 JANUARY 2021~~ APRIL 2021

Date of Attendance To: ~~22 JANUARY 2021~~ JUNE 2022

Edit Additional Information

Do you belong to a clan or tribe?

Provide a List of Languages You Speak:

Language Name (1): ENGLISH

Language Name (2): HINDI

Language Name (3): PUNJABI

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

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Student/Exchange Visa Information

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Edit Additional Point of Contact Information

Additional Point of Contact Information:

Name(1): Neeraj Kapoor

Street Address: #1/A, ward no-10, deep nagar, Janta school road, Near davi Lal chowk

City: Gramax (sonipat)

State/Province: haryana

Postal Zone/ZIP Code: 131101

Country/Region: India

Telephone Number: 7015508338

Email Address: neerajkap16@gmail.com

Name(2):

Street Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Telephone Number:

Email Address:

Edit SEVIS Information

SEVIS ID: N0034743171

Name of School: UNIVERSITY OF WISCONSIN MILWAUKEE

Course of Study: COMPUTER SCIENCE

Street Address: PO BOX 413, MILWAUKEE, WI 53201

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