

Karnal /



U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Online Nonimmigrant Visa Application (DS-160)

(Aashita)

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: GURNOOR KAUR

Full Name in Native Alphabet: NO

Other Names Used: NO

Telecode Name Used: NO

Sex: FEMALE

Marital Status: SINGLE

Date of Birth: 17-01-2004

Country/Region of Birth: 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: 559863450836

U.S. Social Security Number: NO

U.S. Taxpayer ID Number: NO

Edit Address and Phone Information

Home Address: VPO AKALGARH TENSAL -RAIKOT, JAGRAON (LUDHIANA)

City: LUDHIANA

State/Province: PUNJAB

Postal Zone/ZIP Code: 141104

Country/Region: INDIA

Same Mailing Address? YES

Primary Phone Number: 8527747170

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Secondary Phone Number: 8567833310

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): INSTAGRAM

Social Media Identifier: -gunnoordhillon17

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: V5923380

Passport Book Number:

Country/Authority that Issued Passport/Travel Document:

City where issued: CHANDIGARH

Country/Region where issued:

Issuance Date: 07/01/2022

Expiration Date: 06/01/2032

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):

Specify:

Have you made specific travel plans? **NO**

Intended Date of Arrival: **2-01-2024**

Intended Length of Stay in U.S.:

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

Person/Entity Paying for Your Trip:

Name of Person Paying for Your Trip: **NARINDER SINGH**

Telephone Number: **7568739703**

Email Address:

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: **V.P.O. AKALGARH TENSIL-RAIKOT, JAGRAON**

City: **LUDHIANA**

State/Province: **PUNJAB**

Postal Zone/ZIP Code: **141104**

Country/Region: **INDIA**

[Edit Travel Companions Information](#)

Other Persons Traveling with You:

[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?

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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.: ELIZABETH HAMMOND

Organization Name in the U.S.: WEBER STATE UNIVERSITY

Relationship to You: SCHOOL OFFICIAL

U.S. Contact Address: WEBER STATE UNIVERSITY, 3850 DIXON PARKWAY
DEPT. 1001, OGDEN, UT 84408

Phone Number:

Email Address:

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Online Nonimmigrant Visa Application (DS-160)

Family Information

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Edit Family Information: Relatives

Father's Surnames: DHILLON

Father's Given Names: NARINDER SINGH

Father's Date of Birth: 28-06-1978

Is your father in the U.S.? NO

Mother's Surnames: THIND

Mother's Given Names: JASWINDER KAUR

Mother's Date of Birth: 07-11-1979

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): KENDRIYA VIDYALAYA NO.2 APS HALWARA

Address of Institution: SH 13, HALWARA AIRFORCE STATION, SUB GUARD ROOM SUDHAR

City: PUNJIANA

State/Province: PUNJAB

Postal Zone/ZIP Code: 141106

Country/Region: INDIA

Course of Study: SENIOR SECONDARY

Date of Attendance From:

Date of Attendance To:

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): CHARANJIT KAUR

Street Address: W/O : ATMASINGH RACHHIN

City: LUDHIANA

State/Province: PUNJAB

Postal Zone/ZIP Code: 141205

Country/Region: INDIA

Telephone Number: 9530796644

Email Address:

Name(2): JASPREET KAUR

Street Address: W/O JATINDER SINGH, SHAHABANA

City: LUDHIANA

State/Province: PUNJAB

Postal Zone/ZIP Code: 141123

Country/Region: INDIA

Telephone Number: 6280398727

Email Address:

Edit SEVIS Information

SEVIS ID: N0034892946

Name of School: WEBER STATE UNIVERSITY

Course of Study: HEALTH SERVICES

Street Address: WEBER STATE UNIVERSITY, 3850 DIXON PARKWAY DEPT. 1001

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