

Print

Online Nonimmigrant Visa Application (DS-160)

Application ID AA00DDIB47

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:

Full Name in Native Alphabet:

Other Names Used:

Telecode Name Used:

Sex:

Marital Status:

Date of Birth:

Country/Region of Birth:

Country/Region of Origin (Nationality):

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

indicated above on nationality?

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

National Identification Number:

U.S. Social Security Number:

U.S. Taxpayer ID Number:

Home Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Same Mailing Address?

Primary Phone Number:

Secondary Phone Number:

GAUTAM, SHIV KUMAR

DOES NOT APPLY

NO NO

MALE

SINGLE

25 SEPTEMBER 2001

MUSTFABAD, PUNJAB, INDIA

INDIA

NO

NO

955141267826

DOES NOT APPLY

DOES NOT APPLY

Edit Address and Phone Information

KHAMANO ROAD BASSI PATHANA

FATEHGARH SAHIB

PUNJAB

140412

INDIA

YES

9056397145

-8544900920 -

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Work Phone Number:

DOES NOT APPLY

Have you used additional phone numbers in the last five years?

NO

Email Address:

shivkumargautam200109@gmail.com

2111011710010001

NO

Do you have a social media presence?

Social Media Provider/Platform (1):

Instagram

Social Media Identifier:

@_URS_SHIV

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

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

NO

Edit Passport/Travel Document Information

Passport/Travel Document Type:

REGULAR

Passport/Travel Document Number:

W6178864

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:

27 OCTOBER 2022

Expiration Date:

26 OCTOBER 2032

Shir Kum

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?

Intended Date of Arrival:

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:

Telephone Number:

Email Address:

Relationship to You:

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

Other Persons Traveling with You:

ACADEMIC OR LANGUAGE

STUDENT (F)

STUDENT (F1)

NO

17 AUGUST 2024

2 YEAR(S)

300 BOSTON POST ROAD

WEST HAVEN, CONNECTICUT

06516

OTHER PERSON

GAUTAM, SANJEEV KUMAR

8288877585

DOES NOT APPLY

PARENT

YES

Edit Travel Companions Information

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 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?

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

NO

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Application ID AA00DDIB47

U.S. Contact Information

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Edit U.S. Point of Contact Information

Contact Person Name in the U.S.:

Organization Name in the U.S.:

Relationship to You:

U.S. Contact Address:

Phone Number:

Email Address:

MEDINA, ELISA

UNIVERSITY OF NEW HAVEN

SCHOOL OFFICIAL

300 BOSTON POST ROAD

WEST HAVEN, CONNECTICUT 06516

8003425864

Shin Kume

graduate@newhaven.edu



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Family Information

Father's Surnames: Father's Given Names:

Father's Date of Birth:

Mother's Surnames:

Mother's Given Names:

Mother's Date of Birth: Is your mother in the U.S.?

Is your father in the U.S.?

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Edit Family Information: Relatives

GAUTAM

SANJEEV KUMAR

22 MARCH 1971

NO

GAUTAM

RITA

15 SEPTEMBER 1981

Shin Kung

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

Drint

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Work / Education / Training Information

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Primary Occupation:

Explain:

Edit Present Work Information

NOT EMPLOYED

AFTER BACHELORS, I DID INTERNS
HIP AS IT WAS A PART OF IT. WI TH THAT I DECIDED TO PURSUE MY
HIGHER STUDIES FROM A RECOGNI
ZED UNIVERSITY. HENCE, I ENROL
LED FOR MASTERS PROGRAM FOR FA
LL INTAKE. IN THE MEANTIME, I APPEARED FOR IELTS AND SCORED 6.5 BANDS.

Edit Previous Work Information

Were you previously employed?

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

Name of Institution (1):

Address of Institution:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Course of Study:

Date of Attendance From:

Date of Attendance To:

urse or study.

Do you belong to a clan or tribe?

Provide a List of Languages You Speak:

Language Name (1):

Language Name (2):

RIMT UNIVERSITY

DELHI JALANDHAR GT

ROAD (NH1)

SIRHIND SIDE MANDI

GOBINDGARH

PUNJAB

147301

INDIA

BACHELOR OF PHYSIOTHERAPY

AUGUST 2019

FEBRUARY 2024

Edit Additional Information

NO

ENGLISH

Shir In

HINDI

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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?

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Security and Background Information

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	Edit Part 1
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 other diseases as determined by the Department of Health and Human Services.)	NO 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
	Edit Part 2
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
	Edit Part 3
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
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?	This Kung NO

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Have you ever been directly involved in the coercive transplantation of human organs or bodily

Edit Part 4

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?

Have you ever been removed or deported from any country?

NO

Edit Part 5

Have you ever withheld custody of a U.S. citizen child outside the United States from a person

NO granted legal custody by a U.S. court?

Have you voted in the United States in violation of any law or regulation?

Have you ever renounced United States citizenship for the purpose of avoiding taxation?

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Shir Kinny

NO

NO

Street Address:

Application ID AA00DDIB47

Student/Exchange Visa Information

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Edit Additional Point of Contact Information

Additional Point of Contact Information:		
Name(1):	SINGH, AMANJOT	
Street Address:	RUPAHERI	
	SANGRUR	
City:	PUNJAB -	
State/Province:	148001	
Postal Zone/ZIP Code:	INDIA	
Country/Region:	8847670803	
Telephone Number:	bipanaman143@gmail.com	
Email Address:	SINGH, INDERJEET	
Name(2):	RADIALA SAS NAGAR	
Street Address:	MOHALI	
City:	PUNJAB	
State/Province:	140301	
Postal Zone/ZIP Code:	INDIA	
Country/Region:	8699828672	
Telephone Number:	DOES NOT APPLY	
Email Address:	Edit SEVIS Information	
	N0035494161	
SEVIS ID:	UNIVERSITY OF NEW HAVEN	
Name of School:	MASTER HEALTH HEALTH CARE ADMINISTRATION	
Course of Study:	MANAGEMENT	

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300 BOSTON POST ROAD

WEST HAVEN, CONNECTICUT 06516



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Location Information

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Location where you will be submitting your application

Current Location:

MUMBAI, INDIA

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Joban

Edit Location Information