

Prachi



U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Online Nonimmigrant Visa Application (DS-160)

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: **OSEEN**
Full Name in Native Alphabet: **OSEEN**
Other Names Used: **No**
Telecode Name Used: **No**
Sex: **FEMALE**
Marital Status: **Unmarried**
Date of Birth: **27/JUNE/2006**
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: **-3366 7696 3754**
U.S. Social Security Number:
U.S. Taxpayer ID Number:

Edit Address and Phone Information

Home Address: **Tigri khalsa kurukshetra**
City: **KURUKSHETRA**
State/Province: **HARYANA**
Postal Zone/ZIP Code: **136038**
Country/Region: **INDIA**
Same Mailing Address? **Yes**
Primary Phone Number: **7400060074**

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Secondary Phone Number: 8571078037

Work Phone Number: 7400060074

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

Email Address: SOKHDEEPCGARETAN@gmail.com

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

Do you have a social media presence?

Social Media Provider/Platform (1): CHSOKHDEEPCGARTTAN

Social Media Identifier:

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: Y195-82298

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: 15 APRIL 2024

Expiration Date: 14 APRIL 2034

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): *ACADEMIC OR LANGUAGE STUDENT (F)*

Specify:

Have you made specific travel plans?

Intended Date of Arrival: *06 JANUARY 2025*

Intended Length of Stay in U.S.: *5 YEAR*

Address where you will stay in the U.S.: *3440 WZ LSHIRE BLVD SUITE #1000*

Person/Entity Paying for Your Trip: *LAKHMI CHAND*

Name of Person Paying for Your Trip: *SH. LAKHMI CHAND*

Telephone Number: *7400060074*

Email Address: *sukhdeepgarhan@gmail.com*

Relationship to You: *PARENTS*

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

Payer's Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Edit Travel Companions Information

Other Persons Travelling with You:

Edit Previous U.S. Travel Information

Have you ever been in the U.S.?

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?

YES

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.: PAUL NGUYEN
Organization Name in the U.S.: INTERNATIONAL AMERICAN UNIVERSITY
Relationship to You: School Official
U.S. Contact Address: 3440 WILSHIRE BLVD, SUITE # 1000, LOS ANGELES, CA 90010

Phone Number:

Email Address:

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Family Information

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Edit Family Information: Relatives

Father's Surnames: CHAND

Father's Given Names: LAKHMZ CHAND

Father's Date of Birth: 01/01/1980

Is your father in the U.S.? No

Mother's Surnames:

Mother's Given Names: RASNA

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? *NO*

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

Name of Institution (1): *BABA SIDH NATH INTERNATIONAL SCHOOL*

Address of Institution: *SALARPUR KOROKSHETRA*

City: *KOROKSHETRA*

State/Province: *-*

Postal Zone/ZIP Code: *136008*

Country/Region: *INDIA*

Course of Study: *SECONDARY EDUCATION*

Date of Attendance From: *2022 APRIL*

Date of Attendance To: *2023 MAY*

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):

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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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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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**

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? **No**

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? **No**

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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? *NO*

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 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*

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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): ROHIT
 Street Address: SALARPUR
 City: THANESAR
 State/Province: MARYANA
 Postal Zone/ZIP Code: 136119
 Country/Region: INDIA
 Telephone Number: 999250 6163
 Email Address: Rohitkaltugedia@gmail.com
 Name(2): SWATI
 Street Address: SALARPUR

City: KURUKSHETRA
 State/Province: MARYANA
 Postal Zone/ZIP Code: 136118
 Country/Region: INDIA
 Telephone Number: 9871462439
 Email Address: SWATImehla10@gmail.com

Edit SEVIS Information

SEVIS ID: N00349 37 850
 Name of School: INTERNATIONAL AMERICAN UNIVERSITY
 Course of Study: BUSINESS ADMINISTRATION AND MANAGEMENT
 Street Address: LOS ANGELES, CA 90010
3440 WILSHIRE BLVD, SUITE # 1000, LOS ANGELES, CA 90010

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Location Information

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[Edit Location Information](#)

Location where you will be submitting your application

Current Location:

MUMBAI, INDIA

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