

Online Nonimmigrant Visa Application (DS-160)

Application - Sensitive But Unclassified(SBU)

We do not need a printed copy of your application at any point during your interview process. Only print this application if you want a copy for your own records. If you print your application, please keep it secure.

Photo Provided:



Confirmation Number:



Your Personal Copy -- Do Not Bring to Interview

Personal, Address, Phone, and Passport/Travel Document Information

Name Provided:	KUMAR, AJAY
Full Name in Native Language:	DOES NOT APPLY
Other Names Used:	NO
Telecode Name Used:	NO
Sex:	MALE
Marital Status:	SINGLE
Date of Birth:	23 MAY 1999
Place of Birth:	SALEMPUR, PUNJAB, 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:	776787413831
U.S. Social Security Number:	DOES NOT APPLY
U.S. Taxpayer ID Number:	DOES NOT APPLY
Home Address:	VILL SALEMPUR PO CHAUNTA
City:	LUDHIANA
State/Province:	PUNJAB
Postal Zone/ZIP Code:	141126
Country/Region:	INDIA
Same Mailing Address?	YES

Primary Phone Number:	9876515921
Secondary Phone Number:	DOES NOT APPLY
Work Phone Number:	DOES NOT APPLY
Do you have any additional phone numbers?	NO
Email Address:	fnuajaykumar01999@gmail.com
Do you have any additional email addresses?	NO
Do you have a social media presence?	
Social Media Platform: (1):	INSTAGRAM
Social Media Identifier:	ITS_A_JAY_01
Do you have any additional social media presence?	NO
Passport/Travel Document Type:	REGULAR
Passport/Travel Document Number:	V8041899
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:	11 MARCH 2022
Expiration Date:	10 MARCH 2032
Have you ever lost a passport or had one stolen?	NO

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:	STUDENT (F1)
Have you made specific travel plans?	NO
Intended Date of Arrival:	12 AUGUST 2023
Intended Length of Stay in U.S.:	2 YEAR(S)
Address where you will stay in the U.S.:	109 UNIVERSITY SQUARE
Person/Entity Paying for Your Trip:	OTHER PERSON
Person Paying for Your Trip:	FNU , PREM CHAND
Telephone Number:	9464962862
Email Address:	DOES NOT APPLY
Relationship to You:	PARENT
Is the address of the party paying for your trip the same as your Home or Mailing Address?	YES
Are there other persons traveling with you?	NO
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
Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?	NO
U.S. Contact Information	
Contact Person Name in the U.S.:	SCOTT, DESIRAE
Organization Name in the U.S.:	GANNON UNIVERSITY
Relationship to You:	SCHOOL OFFICIAL
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	Interview
U.S. Contact Address:	109 UNIVERSITY SQUARE
	ERIE, PENNSYLVANIA 16541
Phone Number: Email Address:	8148717000
	global@gannon.edu
Family Information	
Father's Surnames:	FNU
Father's Given Names:	PREM CHAND
Father's Date of Birth:	01 MARCH 1972
Is your father in the U.S.?	NO
Mother's Surnames:	FNU
Mother's Given Names:	AJMER KAUR
Mother's Date of Birth:	14 NOVEMBER 1973
Is your mother in the U.S.?	NO
Do you have any immediate relatives, not including parents in the U.S.?	NO NO
Do you have any other relatives in the United States?	NO
Work/Education/Training Information	
Primary Occupation:	NOT EMPLOYED
Explain:	TO GROW PROFESSIONALLY IN THE MEDICAL FIELD I PLANNED TO PUR SUE MASTERS IN THE USA SO I GA VE IELTS AND SCORED 6 BANDS TH EREFORE GOT MY I20 FROM GANNON UNIVERSITY.
Were you previously employed?	YES
Employer Name (1):	CHRISTIAN MEDICAL COLLEGE
Employer Address:	COLLEGE CMC CAMPUS
City:	LUDHIANA
State/Province:	PUNJAB
Postal Zone/Zip Code:	141008
	111000
	INDIA
Country/Region:	INDIA 9530564687
Country/Region: Telephone Number:	9530564687
Country/Region: Telephone Number: Job Title:	9530564687 INTERN
Country/Region: Telephone Number: Job Title: Supervisor's Surname:	9530564687 INTERN DASIAH
Country/Region: Telephone Number: Job Title: Supervisor's Surname: Supervisor's Given Name:	9530564687 INTERN DASIAH SAMUEL JOHNSON
Country/Region: Telephone Number: Job Title: Supervisor's Surname: Supervisor's Given Name: Employment Date From:	9530564687 INTERN DASIAH SAMUEL JOHNSON 01 NOVEMBER 2021
Country/Region: Telephone Number: Job Title: Supervisor's Surname: Supervisor's Given Name:	9530564687 INTERN DASIAH SAMUEL JOHNSON
Country/Region: Telephone Number: Job Title: Supervisor's Surname: Supervisor's Given Name: Employment Date From: Employment Date To:	9530564687 INTERN DASIAH SAMUEL JOHNSON 01 NOVEMBER 2021 30 APRIL 2022 I USED TO OBTAIN THE MEDICAL H ISTORY OF THE PATIENTS AND ALS O USED TO RECORD PROVISIONAL D IAGNOSIS OF THE
Country/Region: Telephone Number: Job Title: Supervisor's Surname: Supervisor's Given Name: Employment Date From: Employment Date To: Briefly describe your duties:	9530564687 INTERN DASIAH SAMUEL JOHNSON 01 NOVEMBER 2021 30 APRIL 2022 I USED TO OBTAIN THE MEDICAL H ISTORY OF THE PATIENTS AND ALS O USED TO RECORD PROVISIONAL D IAGNOSIS OF THE PATIENTS
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Country/Region: Telephone Number: Job Title: Supervisor's Surname: Supervisor's Given Name: Employment Date From: Employment Date To: Briefly describe your duties: Have you attended any educational institutions at a secondary level or above? Name of Institution (1): Address of Institution:	9530564687 INTERN DASIAH SAMUEL JOHNSON 01 NOVEMBER 2021 30 APRIL 2022 I USED TO OBTAIN THE MEDICAL H ISTORY OF THE PATIENTS AND ALS O USED TO RECORD PROVISIONAL D IAGNOSIS OF THE PATIENTS YES CHRISTIAN MEDICAL COLLEGE BROWN RD CMC CAMPUS

Postal Zone/ZIP Code:	141008
Country/Region:	INDIA
Course of Study:	BACHELOR OF SCIENCE
Date of Attendance From:	OCTOBER 2018
Date of Attendance To:	JUNE 2021
Do you belong to a clan or tribe?	NO
Provide a List of Languages You Speak:	
Language Name (1):	ENGLISH
Language Name (2):	PUNJABI
Language Name (3):	HINDI
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
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?	NO

Security and Background Information

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 others 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
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
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
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
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

Student/Exchange Visa Information

Additional Point of Contact Information:

Name (1):	FNU, NIKHIL SACHAR
Street Address:	VPO HIRAN CHANDIGARH ROAD DISTT
City:	LUDHIANA
State/Province:	PUNJAB
Postal Zone/ZIP Code:	141112
Country/Region:	INDIA
Telephone Number:	9878700821
Email Address:	nikhilsachar1235@gmail.com
Name (2):	FNU, ARPIT VERMA
Street Address:	356 G BASANT AVENUE
	DUGRI DISTT
City:	LUDHIANA
State/Province:	PUNJAB
Postal Zone/ZIP Code:	141013
Country/Region:	INDIA
Telephone Number:	9876239245
Email Address:	arpitverma346@gmail.com
SEVIS ID:	N0034270084
Name of School:	GANNON UNIVERSITY
Course of Study:	MASTERS IN HEALTH CARE ADMINISTRATION AND MANAGEMENT
Street Address:	109 UNIVERSITY SQUARE
	ERIE, PENNSYLVANIA 16541
Location Information	
Location where you will be submitting your application	
Current Location:	MUMBAI, INDIA
Preparer of Application	

Did anyone assist you in filling out this application?

NO

Your Personal Copy -- Do Not Bring to Interview

You electronically signed your application on 08-Jun-2023 12:55:06 (GMT-05:00). You were required to electronically sign your application yourself, unless otherwise exempt by regulation, even if the application was prepared by someone other than yourself. Your electronic signature certifies that you have read and understood the questions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing any false or misleading statements may result in the permanent refusal of a visa or the denial of entry into the United States. All declarations made in this application

Consular Electronic Application Center - Print Application

are unsworn declarations made under penalty of perjury. (28 U.S.C. 1746).

You certified that you understand that you are required to submit your visa to the United States Immigration Officer at the port where you apply to enter the United States, and that possession of the visa does not entitle you to enter the United States if, upon your arrival, you are found to be inadmissible under U.S. immigration laws. You certified that you understand that any willfully false or misleading statement or willful concealment of a material fact made by you within the application may subject you to permanent exclusion from the United States and, if you are admitted to the United States, may subject you to criminal prosecution and/or deportation.

The information that you have provided in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. If fingerprints are collected as part of your application process, they may be used for the purpose of comparing them to other fingerprints in the FBI's Next Generation Identification (NGI) fingerprint system or its successor systems (including civil, criminal, and latent fingerprint repositories). The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.