

Spouse
case

Father D.O.B : - 08/05/1967

Mother D.O.B : - 01/01/1973

Jyoti

Tanya

Details Required for DS-160 Form

1. Name SUNIDHI CHAUHAN

2. D.O.B 23 DEC 1996

3. Father Name YASHKARAN RANA

4. Mother Name BABITA RANI

5. Aadhar Card Number 5971 0368 8943

6. Interview Date

7. Interview Location

8. Mobile Number 8813967444

9. Alternate Mobile Number 8950002208

10. Parent Mobile Number 9254215999

11. Two Reference Details (Friend/Relatives/Office Colleagues)

A. Name SAFALI

Address with pincode H.No. 702 SECTOR 69 MOHALI, PINCODE 160062

Contact Number 919996582208

Mail ID shefalithakur803@gmail.com

B. Name MEHAK

Address with pincode VPO SINGAN TEH HAROLI DISTT UNA HIMACHAL
PRADESH

Contact Number 6230449925

Mail ID mehakra7599@gmail.com

12. Travel Details of last 5 years

NO

13. Have you ever applied for USA before
(if yes)

NO

1. When
2. Email Id used
3. Old Ds Number

14. Type of Funding

- A. Private Funding B. Self Funding (Family/Relatives)

ESM

15. University and Intake Selected for Interview

GIANNON UNIVERSITY and FALL INTAKE

16. Have you ever lost your passport ?

- a. Yes b No

NO

17. Has anyone filed a petition on your behalf ?

Ans. NO

18. Any Health Disorder ?

Ans. NO

19. Marital Status ?

Ans. MARRIED

20. Are you applying with Spouse/Kids ? (If yes mention details)

Ans. SPOUSE/KID

21. Do you have a social media presence ? (If yes mention details)

Ans. INSTAGRAM

22. Have you ever been employed ? (If yes mention details)

Ans. dr. sunidhisahil

23. Do you have any relatives in the USA ?

Ans. NO

Verification- I **SUNIDHI** S/O **YASHKARAN** R/O **VPO AGIONDH DISTT. KARNAL , 132024,**
CHAUHAN **RANA** **HARYANA , INDIA**

Solemnly declare that I have read the above document carefully and filled all the details willingly and assure no misinterpretation of any details provided above. All the details provided above in the document are true and correct to the best of my knowledge

I authorize my agent to fill these given details in the DS-160 form of my visa application on my behalf and therefore ESM will not be held responsible in case any false information provided in the DS-160.

Sunidhi
26/04/23
Signature of the applicant.

Father D.O.B : - expire (08/04/1969)

Mother D.O.B : - 02/12/1975

Details Required for DS-160 Form

1.Name AJAY PARTAP SINGH

2.D.O.B 10 JAN 1996

3.Father Name Lt. SR. PAWAN KUMAR

4.Mother Name ANJU RANI

5.Aadhar Card Number 8571 2567 9279

6.Interview Date

7.Interview Location

8.Mobile Number 8950002208

9.Alternate Mobile Number 8813967444

10.Parent Mobile Number 9896180056

11.Two Reference Details (Friend/Relatives/Office Colleagues)

A. Name = DEEPANSHU GUPTA

Address with pincode - H.No. 8266, SECTOR -125/C KHARAR, MOHALI

Contact Number - PUNJAB, PINCODE 201301
- 07973124637

Mail ID - Deepanshumsnm@gmail.com

B. Name - VISHAL SAGAR

Address with pincode - H.No. 702, sector 69 MOHALI, PUNJAB, PINCODE

Contact Number - 160062
- 8352008624

Mail ID Sagarvishal968@gmail.com

12.Travel Details of last 5 years

NO

13.Have you ever applied for USA before
(if yes)

NO

1. When
2. Email Id used
3. Old Ds Number

14. Type of Funding

- A. Private Funding B. Self Funding (Family/Relatives)
ESM

15. University and Intake Selected for Interview

16. Have you ever lost your passport ?

- a. Yes b No

NO

17. Has anyone filed a petition on your behalf ?

Ans. **NO**

18. Any Health Disorder ?

Ans. **NO**

19. Marital Status ?

Ans. **MARRIED**

20. Are you applying with Spouse/Kids ? (If yes mention details)

Ans. **SPOUSE & KID**

21. Do you have a social media presence ? (If yes mention details)

Ans. **dr.sahilrana - 4250**

22. Have you ever been employed ? (If yes mention details)

Ans. **YES**

23. Do you have any relatives in the USA ?

Ans. **NO**

Verification- I **AJAY PARTAP SINGH** S/O **PAWAN KUMAR** R/O **VPO BRASS TEH NISSING, KARNAL, 132024, HARYANA, INDIA**

Solemnly declare that I have read the above document carefully and filled all the details willingly and assure no misinterpretation of any details provided above. All the details provided above in the document are true and correct to the best of my knowledge

I authorize my agent to fill these given details in the DS-160 form of my visa application on my behalf and therefore ESM will not be held responsible in case any false information provided in the DS-160.


Signature of the applicant.
26/04/23

WORK DETAILS

OFFICE COMPLETE ADDRESS :-

NEAR RANDHIR LANE

VIRK HOSPITAL Pvt. Ltd., KARNAL, HARYANA

BUSINESS OF AYURVEDIC MEDICINE

2. STARTING DATE :-

FEB, 2021

3. SALARY :- 1,30,000 monthly income

ANNUAL INCOME 15-16 LAC

4. JOB DUTIES :-

9 to 5

5. SUPERVISOR NAME :-

MYSELF

6. JOB DESIGNATION :- RMO

OWNER OF BUSINESS OF AYURVEDIC

MEDICINE

Educational Detail

1. Bachelors Degree details
College/University complete - BAMS Bachelor of Ayurveda, Medicine Surgery
Address with pincode - Desh Bhagat University
Mandi Gobindgarh, Punjab, 147301
Starting year - 2014
End year - 2020
Concentration -

2. Diploma details -
College Address details -
with pincode
Starting year -
End year -
Specialization -

3. 12th (Senior Secondary) Arya Vidyaapeeth School
School complete Address - V.P.O Bastli, Teh. Nissing
Distt. Karnal, Haryana
Pincode - 132024
with pincode
Passing year: 2014

4. 10th (Matriculation) ARYA VIDYAPEETH SCHOOL
School complete Address V.P.O BASTALI, TEH. NISSING
with pincode DIST. KARNAL, HARYANA, 132024
Passing year: 2010