

Harveen I



**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: **AMANDEEP SINGH**  
Full Name in Native Alphabet:  
Other Names Used:  
Telecode Name Used:  
Sex: **MALE**  
Marital Status: **UNMARRIED**  
Date of Birth: **06/11/2002**  
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: **7220 5640 1963**  
U.S. Social Security Number:  
U.S. Taxpayer ID Number:

AM

Edit Address and Phone Information

Home Address: **VILLAGE KALIPUR TEH. BUDHLADA**  
  
City: **BUDHLADA**  
State/Province: **PUNJAB**  
Postal Zone/ZIP Code: **151502**  
Country/Region: **INDIA**  
Same Mailing Address? /  
Primary Phone Number: **7671000037**

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Secondary Phone Number:

Work Phone Number:

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

Email Address:

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

Do you have a social media presence?

Social Media Provider/Platform (1): *NO*

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: *V8049432*

Passport Book Number:

Country/Authority that Issued Passport/Travel Document: *INDIA*

City where issued: *CHANDIGARH*

Country/Region where issued: *INDIA*

Issuance Date: *24/03/2022*

Expiration Date: *23/03/2032*

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?

Intended Date of Arrival: 20 Jan 2025

Intended Length of Stay in U.S.: 2 YEAR

Address where you will stay in the U.S.: 1600 E WASHINGTON BLVD, FORT WAYNE, IN 46803

Person/Entity Paying for Your Trip:

Name of Person Paying for Your Trip: UNCLE BOGH SINGH M

Telephone Number: 9649300047

Email Address: bogh-singh@gmail.com

Relationship to You: UNCLE

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

Payer's Address: VILLAGE KALIPUR TEM. BUDHLADA DIST. MANSA

City: BUDHLADA

State/Province: PUNJAB

Postal Zone/ZIP Code: 151502

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.: *ABBI DUBUC*

Organization Name in the U.S.: *INDIANA INSTITUTE OF TECHNOLOGY*

Relationship to You: *School official*

U.S. Contact Address: *1600 E. WASHINGTON BLVD, FORT WAYNE, IN 46803*

Phone Number:

Email Address:

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## Family Information

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Edit Family Information: Relatives

Father's Surnames: SINGH

Father's Given Names: BALWINDER

Father's Date of Birth: 26/12/1973

Is your father in the U.S.? NO

Mother's Surnames: KAUR

Mother's Given Names: PARMJEET

Mother's Date of Birth: 01/01/1978

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): GURUNANAK COLLEGE

Address of Institution: GURUNANAK COLLEGE BUDHLADA - JAKMAL ROAD

City: BUDHLADA

State/Province: PUNJAB

Postal Zone/ZIP Code: 151502

Country/Region: INDIA

Course of Study: BACHELOR OF BUSINESS ADMINISTRATION

Date of Attendance From: 2020

Date of Attendance To: 2023

[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): PUNJABI

Language Name (3): HINDI

Have you traveled to any countries/regions within the last five years? UNITED ARAB EMIRATES

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? *no*

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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): ARSMDEEPSINGH  
Street Address: VILLAGE RANGHRIAL TEH. BUDHLADA  
City: BUDHLADA  
State/Province: PUNJAB  
Postal Zone/ZIP Code: 151501  
Country/Region: INDIA  
Telephone Number: 6283110173  
Email Address: arsmdeep55@gmail.com  
Name(2): AVTAR SINGH  
Street Address: VILLAGE KALIAR TEH. BUDHLADA

City: BUDHLADA  
State/Province: PUNJAB  
Postal Zone/ZIP Code: 251502  
Country/Region: PUN INDIA  
Telephone Number: 7087971135  
Email Address: avtar.kaliar@gmail.com

Edit SEVIS Information

SEVIS ID: N0036245154  
Name of School: INDIANA INSTITUTE OF TECHNOLOGY  
Course of Study: BUSINESS/COMMERCE  
Street Address: 1600 E WASHINGTON BLVD, FORT WAYNE, IN 46803

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## Location Information

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[Edit Location Information](#)

Location where you will be submitting your application

Current Location:

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*Amandeep Singh*  
13/11/2024