

## **Affidavit of Support Form**

NAME:	SACHIN			BIRT	HDATE: 10/	05/2006	
	First Name - Last /	Family Name - Middle Ini	itial			MM/DD/YYYY	
Do you now	hold a valid U.S. studen	t/scholar visa?	Yes No I	f Yes, what typ	oe (F-1 or J-1) <u>:</u>		
If you hold a	n F-1 visa, list the institu	tion that issued you	ur I-20, and your S	EVIS Identific	cation number	(top right-corner of I-20):	
INSTITUTION/SCHOOL:				YOUR SEVIS ID#:			
•	J-1 visa, list the institutio ss, phone, and fax numl	-			ification numbe	er. Also give the name	
INSTITUTION / SCHOOL:				YOUR SEVIS ID #:			
RESPONSIB	PONSIBLE OFFICER (RO): EMAIL:			PHONE:	FAX:		
If family me	mbers will be coming to		ı, please complet	e the informa		DEL ATIONOLUD	
(FIR-	NAME ST, LAST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	COUNTRY	)F BIRTH	GENDER (M or F)	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)	
	NA	NA	NA		NA	NA	
		Statement of	f Financial Spo	nsorship			
for one acade the informati support. If yo	st have sufficient money t emic year is approximatel ion below about your spor our sponsor is a govern or that includes the tern	y \$31,729 for under nsor. Request your s ment agency, orga	graduate students sponsor to send a anization, or other	and \$30,734 f bank letter/sta	or graduate stu tement showing	idents. Please completo g amount and source o	
SPONSOR'S	NAME: KAMLESH	DEVI					
SPONSOR'S	4000 D V	VARD NO 21 NEW H	OUSING BOARD	COLONY, JIND	HARYANA-126	6102, INDIA	
SPONSOR'S	PHONE NUMBER(S): 8	708900334					
SPONSOR'S	RELATIONSHIP TO YOU:	AUNT	DADENT LINOLE EDIEN	, FTC.)			
		(I. <b>e</b> .	PARENT, UNCLE, FRIENI	J, E I U.)			



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NAME:SACHIN			BIRTHDATE: 10	0/05/2006	
First Name - La	st / Family Name - Middle In			MM/DD/YYYY	
Do you now hold a valid U.S. stud	ent/scholar visa?	Yes No If Yes, wh	nat type (F-1 or J-1	1):	
If you hold an F-1 visa, list the inst	itution that issued you	ur I-20, and your SEVIS Ide	entification numbe	er (top right-corner of I-20):	
INSTITUTION/SCHOOL:	YOUR	YOUR SEVIS ID#:			
If you hold a J-1 visa, list the institue email address, phone, and fax nu	_			nber. Also give the name,	
INSTITUTION / SCHOOL:	YOUR	YOUR SEVIS ID #:			
RESPONSIBLE OFFICER (RO):	NSIBLE OFFICER (RO): EMAIL:		E:	FAX:	
If family members will be coming  NAME  (FIRST, LAST, MIDDLE INITIAL)  NA	to the USA with you  BIRTHDATE  (MM/DD/YYYY)  NA	, please complete the inf	LOENDED	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)  NA	
	Statement of	f Financial Sponsorshi	ip		
Students must have sufficient mone for one academic year is approxima the information below about your sysupport. If your sponsor is a gove your sponsor that includes the terms	tely \$31,729 for under consor. Request your s rnment agency, orga	graduate students and \$30, sponsor to send a bank lette anization, or other group	,734 for graduate s er/statement show	students. Please complete ing amount and source o	
SPONSOR'S NAME: NAR SIN	GH				
	3 WARD NO 21 NEW H	IOUSING BOARD COLONY	, JIND HARYANA-1	26102, INDIA	
SPONSOR'S PHONE NUMBER(S):	8708900334				
SPONSOR'S RELATIONSHIP TO YOU		PARENT, UNCLE, FRIEND, ETC.)			



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	First Name - Last	/ Family Name - Middle Ini	itial			MM/DD/YYYY	
Do you now	v hold a valid U.S. studer	nt/scholar visa?	Yes No I	f Yes, what typ	oe (F-1 or J-1);		
If you hold	an F-1 visa, list the institu	ution that issued you	ır I-20, and your S	SEVIS Identific	cation number	(top right-corner of I-20):	
INSTITUTION/SCHOOL:				YOUR SEVIS ID#:			
•	a J-1 visa, list the institution	_	•		ification numbe	er. Also give the name	
INSTITUTION	INSTITUTION / SCHOOL:			YOUR SEVIS ID #:			
RESPONSI	NSIBLE OFFICER (RO): EMAIL:			PHONE:	FAX:		
If family me	embers will be coming t	o the USA with you	, please comple	te the informa	ation below:		
(FI	NAME IRST, LAST, MIDDLE INITIAL)	BIRTHDATE (MM/DD/YYYY)	COUNTRY	OF BIRTH	GENDER (M or F)	RELATIONSHIP (i.e. SPOUSE, SON, DAUGHTER)	
	NA	NA	NA	<b>L</b>	NA	NA	
		Statement of	Financial Spo	nsorship			
for one acade the information support. If y	ust have sufficient money demic year is approximate tion below about your spoyour sponsor is a govern that includes the term	ly \$31,729 for undergonsor. Request your soment agency, organized	graduate students sponsor to send a unization, or oth	and \$30,734 f bank letter/sta	or graduate stu tement showing	dents. Please complet g amount and source of	
SPONSOR'S	S NAME: GAURAV						
SPONSOR'S	1000 D I	WARD NO 21 NEW H	OUSING BOARD	COLONY, JIND	HARYANA-126	6102, INDIA	
SPONSOR'S	S PHONE NUMBER(S):	3708900334					
SPONSOR'S	RELATIONSHIP TO YOU:	UNCLE	PARENT, UNCLE, FRIEN	D ETC)			