

Hemanna / DiKsha



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:



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Edit Personal Information

Name Provided: ANJALI SOM

Full Name in Native Alphabet:

Other Names Used:

Telecode Name Used:

Sex: FEMALE

Marital Status: SINGLE

Date of Birth: 03/02/1999

Country/Region of Birth: INDIA

Country/Region of Origin (Nationality): INDIAN

Do you hold or have you held any nationality other than the one indicated above on nationality?

Are you a permanent resident of a country/region other than your country/region of origin (nationality) above?

del National Identification Number: ~~A-39 SURAJ NAGAR AZADPUR DELHI-110033~~ 5141 4408 5804

U.S. Social Security Number:

U.S. Taxpayer ID Number:

Edit Address and Phone Information

Home Address: A-39, BLOCK-A, SURAJ NAGAR
AZADPUR, DELHI - 110033

City: DELHI

State/Province: DELHI

Postal Zone/ZIP Code: 110033

Country/Region: INDIA

Same Mailing Address?

Primary Phone Number: 7011898703

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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: *V9983429*

Passport Book Number:

Country/Authority that Issued Passport/Travel Document:

City where issued: *DELHI*

Country/Region where issued: *INDIA*

Issuance Date: *06 / 11 / 2023*

Expiration Date: *05 / 11 / 2033*

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): **STUDY**

Specify:

Have you made specific travel plans?

Intended Date of Arrival: **25 AUGUST 2025**

Intended Length of Stay in U.S.: **2 YEARS**

Address where you will stay in the U.S.: **INTERNATIONAL CENTER FOR STUDENTS AND SCHOLARS,
126 PARK AVE , G1-LEVEL BRIDGEPORT , CT 06604**

Person/Entity Paying for Your Trip:

Name of Person Paying for Your Trip: **KRISHAN KUMAR**

Telephone Number: **8178638733**

Email Address: **8178638733a@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: **S/O NARESH KUMAR, B-36, KEWAL PARK, RAMESHWAR NAHAR,
WALI No - 6, AZADPUR, NORTH WEST DELHI**

City: **DELHI**

State/Province: **DELHI**

Postal Zone/ZIP Code: **110033**

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.: MICHAEL DENIHAN

Organization Name in the U.S.: UNIVERSITY OF BRIDGEPORT

Relationship to You: School official

U.S. Contact Address: INTERNATIONAL CENTER FOR STUDENTS AND SCHOLARS, 126
PARK AVE. G-LEVEL, BRIDGEPORT, CT 06604

Phone Number:

Email Address:

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Family Information

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Edit Family Information: Relatives

Father's Surnames: SOM

Father's Given Names: GAUTAM

Father's Date of Birth: 24 / 11 / 1970

Is your father in the U.S.? NO

Mother's Surnames: SOM

Mother's Given Names: BABITA

Mother's Date of Birth: 28 / 01 / 1972

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): PANNA DHAI MAA SUBHARTI NURSING COLLEGE

Address of Institution: SWAMI VIVEKANAND SUBHARTI UNIVERSITY MEERUT - 25 0005 (UP)
INDIA

City: MEERUT

State/Province: UTTAR PRADESH

Postal Zone/ZIP Code: 250005

Country/Region: INDIA

Course of Study: 4 YEARS

Date of Attendance From: 1 OCTOBER 2017

Date of Attendance To: 30 SEPTEMBER 2021

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?

Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?

Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?

Have you ever served in the military?

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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): SUNIL SINGH PUNDIR
Street Address: VILLAGE KANWALI GMS ROAD DEHRADUN UTTARAKHAND - 248001
City: KANWALI
State/Province: UTTARAKHAND
Postal Zone/ZIP Code: 248001
Country/Region: INDIA
Telephone Number: 91 2053643
Email Address: sonu.sana 032 @ gmail . com
Name(2): YOGENDER THAKUR
Street Address: A- 252 MOVIND PURAM GHAZIABAD UTTAR PRADESH - 201013

City: UTTAR PRADESH , GHAZIABAD
State/Province: UTTAR PRADESH
Postal Zone/ZIP Code: 201013
Country/Region: INDIA
Telephone Number: 9871115132
Email Address: Y S CHAUHAN 2 @ gmail . com

Edit SEVIS Information

SEVIS ID: N0036541809
Name of School: UNIVERSITY OF BRIDGEPORT
Course of Study: 2 YEARS
Street Address: INTERNATIONAL CENTER FOR STUDENTS AND SCHOLARS , 126
PARK AVE , G1-LEVEL , BRIDGEPORT , CT 06604

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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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