



Postal Zone/ZIP Code:

# U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER

Online Nonimmigrant Visa Application (DS-160)

Application ID AA00C9ZNJJ

## 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.

## DO NOT BRING THIS TO YOUR INTERVIEW

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Edit Address and Phone Information
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HARYANA V

## DO NOT BRING THIS TO YOUR INTERVIEW

https://ceac.state.gov/GenNIV/General/review/review\_reviewpersonal.aspx?node=ReviewPersonal

132036

1/2

Country/Region:

Same Mailing Address?

Primary Phone Number:

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):

Social Media Idéntifier:

Have you used additional social media platforms in the last five years?

INDIA 🔽

YES L

9034551138

DOES NOT APPLY

DOES NOT APPLY

deepakfnµ93@gmail.com 🖊

INSTAGRAM

DEEPAK\_NARWAL2416

**Edit Passport/Travel Document Information** 

Passport/Travel Document Type:

Passport/Travel Document Number:

Passport Book Number:

Country/Authority that Issued Passport/Travel Document:

City where issued:

Country/Region where issued:

Issuance Date:

Expiration Date:

Have you ever lost a passport or had one stolen?

REGULAR

NO &

V0549828

DOES NOT APPLY

CHANDIGARH

18 MARCH 2021 V

17 MARCH 2031 V



Application ID AA00C9ZNJJ

#### **Travel Information**

### DO NOT BRING THIS TO YOUR INTERVIEW

**Edit 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 OCTOBER 2023 ₩
Intended Length of Stay in U.S.:	2 YEAR(S)
Address where you will stay in the U.S.:	109 UNIVERSITY SQUARE
	ERIE, PENNSYLVANIA 16541 🗸
Person/Entity Paying for Your Trip:	OTHER PERSON
Name of Person Paying for Your Trip:	KUMAR, SATISH 🗸
Telephone Number:	9416111139
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
. <u>.</u>	dit Travel Companions Information
Other Persons Traveling with You:	NO NO
Ec	lit Previous U.S. Travel Information
Have you ever been in the U.S.?	NO C
Have you ever been issued a U.S. visa?	NO V
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?	YES
Explain:	MY F1 VISA WAS DENIED. REASON IS UNKNOWN TO ME.
Has anyone ever filed an immigrant petition on your behalf with the	NO N

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prefet

United States Citizenship and Immigration Services?



# U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER

Print

Online Nonimmigrant Visa Application (DS-160)

Application ID AA00C9ZNJJ

#### U.S. Contact Information

### DO NOT BRING THIS TO YOUR INTERVIEW

**Edit U.S. Point of Contact Information** 

Contact Person Name in the U.S.:

Organization Name in the U.S.:

Relationship to You:

U.S. Contact Address:

Phone Number:

Email Address:

SCOTT, DESIRAE

GANNON UNIVERSITY

SCHOOL OFFICIAL

109 UNIVERSITY SQUARE

ERIE, PENNSYLVANIA 16541

18148717000

devineni001@gannon.edu



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# Family Information

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Father's Surnames:

Father's Given Names:

Father's Date of Birth:

Is your father in the U.S.?

Mother's Surnames:

Mother's Given Names:

Mother's Date of Birth:

Is your mother in the U.S.?

Do you have any immediate relatives, not including parents in the U.S.? NO Do you have any other relatives in the United States?

**Edit Family Information: Relatives** 

KUMAR,

SATISH

20 MAY 1971

RANI 💟

SUNITA 6

09 AUGUST 1974 ;



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**Edit Present Work Information** 

# Work / Education / Training Information

#### DO NOT BRING THIS TO YOUR INTERVIEW

Primary Occupation:	MEDICAL/HEALTH
Present Employer or School Name:	KALPANA CHAWLA GOVERNMENT MEDICAL COLLEGE
Present Employer or School Address:	MODEL TOWN KARNAL
City:	KARNAL
State/Province:	HARYANA
Postal Zone/Zip Code:	132001
Country/Region:	INDIA V
Start Date:	MAY 2021
Work Phone Number:	8295836383
Monthly Salary in Local Currency (if employed):	19776
Briefly Describe your Duties:	GIVING PATIENTS THEIR MEDICATI ONS, MONITORING VITAL SIGNS, DOC UMENTING PATIENT'S CONDITION, M AINTAINING CLEAN AND WELL EQUI PPED PATIENT AREAS.
W	Edit Previous Work Information
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Have you attended any educational institutions at a secondary level or above?	(ES
Name of Institution (1):	PANDIT BHAGWAT DAYAL SHARMA UNIVERSITY OF HEALTH SCIENCES
Address of Institution:	UH2 PGIMS ROAD DARIYAO NAGAR 🗸
City:	ROHTAK
State/Province:	HARYANA V
Postal Zone/ZIP Code:	124001
Country/Region:	INDIA V
Course of Study:	BACHELOR OF SCIENCE NURSING $igstyleigstyleigstyleigstyle$
Date of Attendance From:	AUGUST 2016
Date of Attendance To:	AUGUST 2020
	Edit Additional Information
Do you belong to a clan or tribe?	No V

### DO NOT BRING THIS TO YOUR INTERVIEW

Provide a List of Languages You Speak:

Language Name (1):	ENGLISH 1
Language Name (2):	HINDI V
Have you traveled to any countries/regions within the last five years?	NO NO
Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?	NO V
Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?	NO A.
Have you ever served in the military?	NO 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 V



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## Work / Education / Training Information

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	<b>Edit Present Work Information</b>
Primary Occupation:	MEDICAL/HEALTH
Present Employer or School Name:	KALPANA CHAWLA GOVERNMENT MEDICAL ( COLLEGE
Present Employer or School Address:	MODEL TOWN KARNALL
City:	KARNAL
State/Province:	HARYANA 🕖
Postal Zone/Zip Code:	132001
Country/Region:	INDIA V
Start Date:	FEBRUARY 2021
Work Phone Number:	8295836383 V
Monthly Salary in Local Currency (if employed):	19776
Briefly Describe your Duties:	GIVING PATIENTS THEIR MEDICATI ONS,MONITORING VITAL SIGNS,DOC UMENTING PATIENT'S CONDITION,M AINTAINING CLEAN AND WELL EQUI PPED PATIENT AREAS.
and surpain	Edit Previous Work Information
Were you previously employed?	NO V
A Have you attended any educational institutions at a se or above?	econdary level YES
Name of Institution (1):	PANDIT BHAGWAT DAYAL SHARMAL UNIVERSITY OF HEALTH SCIENCES
Address of Institution:	. UH2 PGIMS ROAD DARIYAO NAGAR
City:	ROHTAK 🗸
State/Province:	HARYANA V
Postal Zone/ZIP Code:	124001 🗸
Country/Region:	INDIA V
Course of Study:	BACHELOR OF SCIENCE NURSING
Date of Attendance From:	AUGUST 2016
Date of Attendance To:	AUGUST 2020
	Edit Additional Information

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Do you belong to a clan or tribe?

Provide a List of Languages You Speak:

Language Name (1):

**ENGLISH** 

Language Name (2):

HINDI/

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?

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 C
	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 D
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 V
Have you ever been involved in, or do you seek to engage in, money laundering?	NOV
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
States:	Edit Part 3
Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?	NOV
Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?	NO V
Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?	ЙО
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?	NOV ,

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?

Nb

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?

NQ/

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?

NØ

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?

Ne

**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?

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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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Application ID AA00C9ZNJJ

# Student/Exchange Visa Information

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### **Edit Additional Point of Contact Information**

Additional Point of Contact Information:	
Name(1):	FNU, ANKUR
Street Address:	VILLAGE KHERI NARU P O KHERI NARU 46
Chris	KARNAL
City:	HARYANA
State/Province:	132036
Postal Zone/ZIP Code:	INDIA
Country/Region:	9350067337
Telephone Number:	ankurnarwal6@gmail.com
Email Address:	FNU, SANJAY
Name(2):	595 JAGSI JAGSI 23 SONIPAT JAGSI
Street Address:	SONIPAT
City:	
State/Province:	HARYANA
Postal Zone/ZIP Code:	131301
Country/Region:	INDIA
Telephone Number:	8930273750
Email Address:	sehrawatsanjay199@gmail.com
*	<b>Edit SEVIS Information</b>
	N0034070761
SEVIS ID:	GANNON UNIVERSITY
Name of School: Course of Study:	MASTERS IN HEALTHCARE ADMINISTATION MHA
	109 UNIVERSITY SQUARE
Street Address:	ERIE, PENNSYLVANIA 16541

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#### **Location Information**

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**Edit Location Information** 

Location where you will be submitting your application

Current Location:

NEW DELHI, INDIA

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(201/202) 12/08/2023