## INDIANATECH

Sponsor's Affidavit of Financial Support

FOREIGN COUNTRY MBASSIES HIGH COMMISSION

Important Information for Sponsors

By completing this form, you certify to Indiana Tech and the U.S. Government that you are able and willing to provide the stated amount of money needed each year for this student's studies in the United States. The assumption was made that you understand the real cost of supporting the student's expenses while living and studying at Indiana Tech. Sponsors who fail to meet the stated commitment affect the student's education and legal status in the United States. This form must be completed and signed by all who are assisting financially with the student's education. If necessary, this page can be copied.

### Instructions for sponsors who are completing the affidavit: (please print or type)

- Fill out form completely. Incompletion may cause delays in the applicant's immigration process.
- Commit to provide only the amount you intend and are able to give to the student 2.
- Sign the affidavit before a notary in the United States or other licensed official in your country. 3. The notary or official must sign and officially seal the affidavit.
- Attach evidence of financial support. (see below) 4.
- All documents, including the supporting documents, must be in (or officially translated into) English.

#### Documentary evidence of financial support

- Documentary evidence of financial support can consist of: 1. Official bank statements need to include a seal/stamp and signature of bank manager.
  - A letter from the bank manager is acceptable if it lists the account number, account balance and date the account was opened. A letter stating "sufficient funds" or "account in good standing" is not acceptable evidence.
  - Letter (on company letterhead) from sponsor's employer listing the salary of sponsor(s)
  - Sponsor's retirement plans which can be liquefied.
- Documentary evidence must be original and less than six months old.

Complete the following:	
I hereby certify that I, (sponsor's name) MANINDER KAUR	
residing at Industrial Arla I, PH-1, Chandigarh Street and number City, State Postal code	SNOTA Country
will provide (student's name) ANSHIKA with no less than US for each year of study. By signing the affidavit, I agree to provide the stated amount of funds (in L first year of study at Indiana Tech.	SD \$ 30042 ISD) for the applicant's
	AOTA
My relationship to the student is: ANSHTKA	Line All
Check this box if you are receiving sponsorship from your government or agency.	(00 in )
Included is the following evidence of financial support as proof of my commitment (please check all that apply):	S.C. SHARMA CHANDIGARH Regd. No. 631
Official bank statement/letter from bank or other financial institution	Expliny Date
Letter from employer (on company letterhead) stating annual salary	Notary's seal/stamp
Document of retirement plan(s)	
Other	· OF
Affirmation or oath: I affirm that the information I have given is true and correct.	W
The state of the s	ate: Sep82022
Sponsor's signature:  Aftested As Identified  D	· · · · · · · · · · · · · · · · · · ·
Sworn and subscribed before me:	ate: 0.8 SEP 2027
Signature of notary	A A SE.

CHANDICADI



# Release of Information Declaration

Please print all items except signature

Fledac print and	
Anshika	(Student's Full Name)
1,	(Date of Birth), herby declare that
	(Name of individual or agency)
	(Address)
is authorized to inquire about and have access to information about my ap I hereby authorize Murray State University to discuss my application and accommed individual until further written and signed authorization from me.  In addition, I request that you send all correspondence about my application individual and me to further expedite my application process.	phication to Murray State Office Sity. dmission status with the above
Signature of Student	Sep 07, 2022  Date (mm/dd/yyyy)

## STATEMENT OF EQUAL OPPORTUNITY

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, Murray State University, 103 Wells Hall, Murray, KY 42071-3318. 270.809.3155 (voice), 270.809.3361 (TDD).

### **Affidavit of Support**

I, Manufact Kaur, herby certify that I am willing and able (Print Name of Family Member/Sponsor)	)
to provide USD \$ 30042 to meet the expenses incurred by	
ANSHIKA during the length of the student's (Print Applicant/Student Name)	
academic study at Auburn University at Montgomery (AUM). My	
relationship to the student is that of(Print Relationship to Applicant/Student)	

I have authorized the release of my supporting financial documents to verify that the promised financial resources are available to me. I swear (affirm) that I know and understand that the contents of this affidavit signed by me and the statements are true and correct.

(Signature of Family Member/Sponsor)

Sep 07,2022



### Supplemental International Student **Information Form**

Office Use Only:	
SID:	
Received:/	
Status:	

EGAL NAME AS IT APPEARS O	N YOUR PASSPORT	
amily Name	First Name ANSHIKA	Middle Name
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	NATIVE LANGUAGE
INDIA	INDIA	HINOI
X: MALE	FEMALE DATE OF BIRTH: Month:	10 Day: 03 Year: 1999
PRIMARY EMAIL ADDRESS	SECONDARY	EMAIL ADDRESS
anshikafnu india@	gmail. com	
AC ACAULINIC ADDDECC		
Street and Number 1NO -975, Usban	Estates Sector -7, Th	anesar, Kurukshetra
City	State/Province	ZIP/Postal Code
KURUK SHETRA	HARYANA	136118
Country (If not U.S.)	Telephone N	umber (including area/country code)
JND IA		1404055401
	DDRESS (Required if I-20 mailing addre	
Street and Number	DDRESS (Nequired II + 20 mains)	
City	State/Province	ZIP/Postal Code
C + (16 mod 11 C )	Telephone N	Jumber (including area/country code)
Country (If not U.S.)		3
star		
Are you currently studying at another U.S. institution?		SHIPPING PREFERENCE: MUST SELECT ONE
Yes:	No:	Express Mail (at your expense through eShipGlobal)
Print school name:	*	Regular Airmail (3-12 week deliv
If yes, are you studying on a	n F+1 student visa?Yes	No time)
If yes, attach a copy of your		If none selected, packet will be sent regular airmail.
, le	certify that the above information is tr	ue and correct.  Date
Signature (Must be signed; r	no electronic signatures)	Date
		7 22 22 2

Telephone: 334-244-3375 global@aum.edu **AUM Office of Global Initiatives** www.aum.edu/admissions/international-student-admission PO Box 244024 Montgomery, AL 36124-4023