

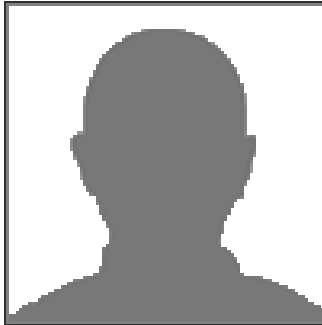
Confirm Details

The applicant is requested to verify the particulars filled in the application Form. The applicant may face legal action (including refusal to enter India or deportation) in case of provision of wrong information.

Please verify your Registration Details. If all details are correct please Press **"Verified and Continue"**.

For any corrections press **"Modify/Edit"**

Please note down the Temporary Application ID: **411107586B12ILR**



Applicant Details

Surname	GALVANI
Name	ALISON PAGE
Previous Surname	
Previous Name	
Sex	FEMALE
Marital Status	MARRIED
Birthdate	08/10/1976
Religion	CHRISTIAN
Place of Birth	CALIFORNIA
Country of Birth	UNITED STATES OF AMERICA
Citizenship/National Id No.	NA
Educational Qualification	POST GRADUATE
Visible Identification Marks	NA

Nationality	UNITED STATES OF AMERICA
Nationality by	BY BIRTH
Previous Nationality	

Passport Details

Passport No	525492856
Issue Date	30/12/2014
Expiry Date	29/12/2024
Issue Place	UNITED STATES
Country of Issue of Other Passport	
Other Passport Issue Place	
Other Passport No	
Issue Date of Other Passport	
Nationality Described Therein	

Applicant's Address Details

Present Address	49 GROUSE LN WOODBIDGE CT UNITED STATES OF AMERICA
Postal/Zip Code	06525
Present Phone No	2032984819
Mobile	2039743106
Email	alison.galvani@gmail.com
Permanent Address	49 GROUSE LN WOODBIDGE CT

Family Details

Father Name	PATRICK GALVANI
Father Nationality	UNITED STATES OF AMERICA
Father Previous Nationality	
Father Place of Birth	ILLINOIS
Father Country of Birth	UNITED STATES OF AMERICA
Mother Name	NANCY GALVANI
Mother Nationality	UNITED STATES OF AMERICA
Mother Previous Nationality	
Mother Place of Birth	NEBRASKA
Mother Country of Birth	UNITED STATES OF AMERICA
Spouse Name	JEFFREY TOWNSEND

Spouse Nationality	UNITED STATES OF AMERICA
Spouse Previous Nationality	
Spouse Place of Birth	NEW HAMPSHIRE
Spouse Country of Birth	UNITED STATES OF AMERICA
Grandparent details yes/no	NO
Grandparent Details	

Profession / Occupation Details of Applicant

Occupation	RESEARCHER
Employee Designation	PROFESSOR
Employer Name	YALE UNIVERSITY
Employer Address	135 COLLEGE STREET, NEW HAVEN, CT, 06510
Employer Phone	2037852642
Previous Occupation	
Security Agency/Organisation	
Designation	
Posting	
Rank	

Details of Visa Sought

Visa Type	EMPLOYMENT VISA
Visa Requirement Details	
Qualification/Emp.EPFO ID	PHD IN EPIDEMIOLOGY
Company Name	PUBLIC HEALTH FOUNDATION INDIA
Address	PLOT NO 47, SECTOR 44, INSTITUTIONAL AREA GURGAON
Designation	CONSULTANT
Salary	
Employer EPFO ID	NA
No of Entries	MULTIPLE
Duration	12
Journey Date	15/04/2015
Entry Point	DELHI
Exit Point	DELHI
Purpose	EMPLOYMENT

Previous Visit Details

Old Visa Type	
Old Visa No	
Old Visa Issue Place	

Old Visa Issue Date
Previous Visit Address

Visited Cities Details

Countries Visited UK, FRANCE, GERMANY,
CANADA, ITALY,
SWITZERLAND, SPAIN

Refuse Details

Reference

Name of Sponsor in India SYED SHAHID ABBAS
Address of Sponsor in India PHFI, NEW DELHI, INDIA

Phone of Sponsor in India +919871718317
Name of Sponsor in UNITED STATES OF AMERICA JEFFERY TOWNSEND
Address of Sponsor in UNITED STATES OF AMERICA 49 GROUSE LN,
WOODBIDGE CT 06525

Phone of Sponsor in UNITED STATES OF AMERICA 2037458201

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