

Application Id: USACV01C6320

Registration Date: 18-DEC-2020

Address



Visa Application Form



BY BIRTH

Signature

Personal	Partic	ulars (As	in F	Passport)

Surname (As in Passport)	SRIVASTAVA			
Given Name (As in Passport)	URJIT GESHUA			
Previous/other Name if any	Not Applicable			
Gender	MALE	Marital Status	SINGLE	
Date of Birth	04-AUG-2020	Religion	HINDU	
Place of Birth Town/City	CARMEL	Country of Birth	UNITED STATES OF AMERICA	
Citizenship /National ID No	NA	Educational Qualification	NA BEING MINOR	

Visible identification marks CLEFTY CHIN **Current Nationality** UNITED STATES OF AMERICA Nationality by Birth/ Naturalization

Any Other Previous/Past Nationality Not Applicable

B. Passport Details Passport No. 656797612 Date of Issue (dd/mm/yyyy) 04-NOV-2020 USA Date of Expiry (dd/mm/yyyy) 03-NOV-2025

Any other Passport/Identity Certificate held (if yes ,please fill in the following)

Place of Issue Country of Issue Passport/IC No. Date of issue (dd/mm/yyyy)

Nationality/Status

C. Applicant's Contact Details 1370 QUAIL RUN CT APT 324 **Phone No** 3177025935 Present ZIONSVILLE Mobile /Cell No

> INDIANA, UNITED STATES OF AMERICA 46077 **Email address** ANUPRIYARASTOGY@GMAIL.COM

1370 QUAIL RUN CT APT 324 Permanent

ZIONSVILLE Address INDIANA

D. Family Details Relation **Nationality** Prev. Nationality Place/Country of Birth FAIZABAD INDIA

HIMANSHU SUSHIL SRIVASTAVA Father's INDIA MEERUT INDIA ANUPRIYA RASTOGI Mother's INDIA Marital Status

Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area: NO

E. Details of Visa Sought	(Visa shall be valid from the Date of Issue and not from the Date of Journey)			
Type Of Visa Required	ENTRY VISA	No of Entries	MULTIPLE	
Period of Visa (Month)	60 Month	Expected Date of Journey	15-JAN-2021	
Port Of Arrival	NEW DELHI	Port of Exit	NEW DELHI	
Required Detail of EN	NTRY VISA			
Purpose of Visit: FOR PI PERSON OF INDIAN ORIO	ERSONS OF INDIAN ORIGIN A GIN / OCI CARDHOLDER (OTH	ND SPOUSE AND CHILDREN ER THAN THOSE REGISTERE	OF AN INDIAN CITIZEN / D AS OCI CARDHOLDER)	
F. Previous Visit Details				
Have You Ever visited Ind	lia ? NO			
Address where You staye India	ed in			
Cities in India Visited				
Type of Visa		Visa Number		
Visa Issued Place		Date of Issue		
Countries visited in last 1 years	0			
Have you been refused an Indian Visa or extension of the same previously or deported from India ?				
G. Profession/Occupation D	Details :			
Present Occupation	NA MINOR CHILD	Designation/Rank		
Employer name/business	NA MINOR CHILD			
Employer Address Phone Number	NA MINOR CHILD			
Past occupation if any				
Are/have you worked with Armed forces/ Police/ Para Military forces ?				
Organization		Designation		
Place of Posting		Rank		
H. Details of Two Reference	0			
In India		In UNITED STATES OF AMERICA		
Name	SUSHIL KUMAR SRIVASTAVA	MEHA SINGH		
Address	184 ADARSH NAGAR DEOKALI	1375 SAYLOR CT		
	FAIZABAD, UP 224001	ZIONSVILLE, IN 46077		
Phone Number	9415716437	6308223236		
I. DECLARATION				
a. I do not hold any other pa	assport(s) other than those detaile	ed above.		

- b. I have read and understood all the conditions for the visit to India and I am willing and able to abide fully by them.
- c. I declare that the information given in the form is complete and correct and the visit to India will be undertaken for the purpose indicated in the application.
- d. I understand that in case the information provided in the form is found to be incorrect, I will be liable for denial of visit/ entry or deportation and/ or other penalties during the visit as provided by Indian law.

18-DEC-2020

Applicant's signature (as in Rassport)