



## Consulate General of India

San Francisco

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## **Visa Application Form**

Signature

| USASV17E1717                   |                                | · <del></del>                           | Signature   |               |           |                            |  |
|--------------------------------|--------------------------------|---|---|---------------|-----------|----------------------------|--|
| A. Persona                     | l Particulars (A               | s in Passport)                          |   |               |           |                            |  |
| Surname (As in Passport) SINGH |                                |   |   |               |           |                            |  |
| Given Name (As in Passport)    |                                | MANINDERPAL                             | MANINDERPAL   |               |           |                            |  |
| Previous/other Name if any     |                                |   |   |               |           |                            |  |
| Sex                            |                                | MALE                                    | Marital Status                                      |               |           | SINGLE                     |  |
| Date of birth                  |                                | 08-JUN-1991                             | Religion  |               |           | SIKH                       |  |
| Place of Birth Town/City       |                                | IBRAHIMWAL KAPURTHALA                   | Country of Birth                                    |               |           | INDIA                      |  |
| Citizenship /                  | National ID No                 | NA                                      | Educational Qualification                           |               | ion       | GRADUATE                   |  |
| Visible identification marks   |                                | NA                                      |   |               |           |                            |  |
| Current Nationality            |                                | UNITED STATES OF AM                     | Nationality by Birth/ Naturalization NATURALIZATION |               |           |                            |  |
| Any Other Previous/Past Nation |                                | tionality                               | INDIA   |               |           |                            |  |
| B. Passport                    | t Details                      |   |   |               |           |                            |  |
| •                              |                                | 557607077                               | Date of issue ( dd/mm/yyyy )                        |               | n/yyyy )  | 31-OCT-2016                |  |
|                                |                                | USA                                     | Date of expiry (dd/mm/yyyy)                         |               | n/yyyy)   | 30-OCT-2026                |  |
| Any other F                    | Passport/Identit               | y Certificate held (if yes ,plea        | se fill in  | the following | YES       |                            |  |
| Country of issue               |                                | INDIA                                   | Place of issue                                      |               |           | JALANDHAR                  |  |
|                                |                                | H5089713                                | Date of issue(dd/mm/yyyy)                           |               | уууу)     | 17-SEP-2009                |  |
|                                |                                | UNITED STATES OF AMERICA                |   |               |           |                            |  |
| C. Applican                    | it's Contact De                | ails                                    |   |               |           |                            |  |
|                                | 1845 POGGI                     | OGGI ST, APT 203                        |   | Phone No      |           | 5102198351                 |  |
| Present address                | ALAMEDA                        | - · · · · · · · · · · · · · · · · · · · |   | Mobile        | e/Cell No |                            |  |
|                                |                                | CA, UNITED STATES OF AMERICA 94501      |   | Ema           | l address | SIKHMAPERSONAL@GMAIL.COM   |  |
| Permanent<br>Address           | 1845 POGGI S'<br>ALAMEDA<br>CA | OGGI ST, APT 203                        |   |               |           |                            |  |
| D. Family D                    | etails                         |   |   |               | 低級多數      | <b>经股份区级股份保证</b>           |  |
| Dalation                       | Mana                           |   | NI-4"   |               |           | U. DissalOssestes of Disth |  |

| Relation | Name           | Nationality              | Prev. Nationality | Place/Country of Birth      |
|----------|----------------|--------------------------|-------------------|-----------------------------|
| Father's | BHAGWAN SINGH  | INDIA                    | INDIA             | IBRAHIMWAL KAPURTHALA INDIA |
| Mother's | HARBHAJAN KAUR | UNITED STATES OF AMERICA | INDIA             | BAJWARA HOSHIARPUR<br>INDIA |
| Spouse   |                |                          |                   |                             |

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

| E. Details of Visa Sough       | (Visa shall be valid from the Date of Issue and not from the Date of Journey) |                          |             |
|--------------------------------|---|--------------------------|-------------|
| Type Of Visa Required          | TOURIST VISA  | No of Entries            | MULTIPLE    |
| Period of Visa (Month) 3 Month |   | Expected Date of Journey | 30-DEC-2017 |
| Port Of Arrival                | DELHI   | Port of Exit             | DELHI       |

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| Required Detail   | of TOURIS        | ST VISA                          |                            |                 |           |
|---|------------------|----------------------------------|----------------------------|-----------------|-----------|
| Places to be Visited PUNJAB   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
| Purpose of Visit  |                  | L TOURIST                        |                            |                 |           |
| F. Previous Vis   |                  |                                  |                            |                 |           |
| Have You Ever   |                  |                                  |                            |                 |           |
| Address where   | You stayed in    |                                  |                            |                 |           |
| India   |                  |                                  |                            |                 |           |
| Cition  | in India Visite  | ,<br>,                           |                            |                 |           |
| Cities  | Type of Vis      | -                                | Visa Number                |                 |           |
| Vie   | a Issued Plac    |                                  | Date of Issue              |                 |           |
| Countries visited   |                  |                                  | Date of issue              |                 |           |
| INDIA   | i iii iast 10 ye | ais                              |                            |                 |           |
|   |                  | dian Visa or extension of the sa | ame previously or deported | from India?     |           |
| If <b>yes</b> above m No/Date   | ention when      | and by whom with control         |                            |                 |           |
| G. Profession/C   | Occupation D     | etails                           |                            |                 |           |
|   | Occupation       |                                  | Designation/Rank           |                 |           |
| Employer nar  | ne/business      | UBER                             |                            |                 |           |
| Emplo   | yer Address      | 1455 MARKET ST #400, SAN FF      | RANCISCO CA 94103          |                 |           |
| Phone Number (866) 576-1039   |                  |                                  |                            |                 |           |
| Pact accur  | nation if any    | <u>'</u>                         |                            |                 |           |
| Past occupation if any LABOUR  Are/have you worked with Armed forces/ Police/ Para Military forces ? NO |                  |                                  |                            |                 |           |
| Organization  |                  | Designation                      |                            |                 |           |
| Place of Posting  |                  |                                  | Rank                       |                 |           |
| H. Address of F   |                  | / Hotel                          | ran                        |                 |           |
| Place/Hotel Name   Address of Place / Hotel   |                  |                                  |                            | State           | Phone No. |
| Trace/Hoter varies of Flace / Hoter   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
|   |                  |                                  |                            |                 |           |
| I. Details of Two   |                  |                                  |                            |                 |           |
| In India  |                  | In                               | UNITED ST                  | ATES OF AMERICA |           |
|   | AMANPRETT SINC   | SH                               | SATPAL SINGH               |                 |           |
| Address   | VPO IBRAHIM      | NLA                              | 1166 CREST DR, YUBA CITY   |                 |           |
|   | KAPURTHALA,F     | PUNJAB                           | CA,94501                   |                 |           |
| Phone   | 0646000054       |                                  | 5308448020                 |                 |           |
| Number 9646990051   |                  | JJU0440UZU                       |                            |                 |           |

## J. DECLARATION:

- a. I do not hold any other passport(s) other than those detailed 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.

| Date : 12-NOV-2017 | Applicant's signature (as in Passport) |
|--------------------|--|