



Flight Ticket - Mumbai to Munich , New York to Zurich

Passenger's Name	Status	Ticket No.
1. Mr Shivam Pandey	Confirmed	220-3430420711

✈ Going | 24h 5m

Date	Time	From	To	Flight No.	Terminal	Airline	PNR No
18 MAY 19	00:50	Mumbai	Munich	LH767	2-International Terminal*	LUFTHANSA	LILUC4
8h 20m Chhatrapati Shivaji Airport, BOM - Franz Josef Strauss, MUC							
----- LAYOVER 6h 45m -----							
18 MAY 19	12:25	Munich	New York	LH410	2*	LUFTHANSA	LILUC4
9h 0m Franz Josef Strauss, MUC - John F Kennedy Intl, JFK							

← Return | 18h 0m

Date	Time	From	To	Flight No.	Terminal	Airline	PNR No
05 JUL 19	18:10	NEW YORK	ZURICH	UA9717	4*	UNITED AIRLINES (Operated by Swiss International Air Lines)	O03LRD
7h 50m John F Kennedy Intl, JFK - Zurich-Kloten, ZRH							
----- LAYOVER 1h 45m -----							
06 JUL 19	09:45	ZURICH	MUMBAI	UA9734		UNITED AIRLINES (Operated by Swiss International Air Lines)	O03LRD
8h 25m Zurich-Kloten, ZRH - Chhatrapati Shivaji Airport, BOM							

E-Ticket Numbers	Booking Reference	Price Summary
220-3430420711 AIRLINE: LH/LILUC4		
220-3430420711 AIRLINE: LH/LILUC4		
220-3430420711 AIRLINE: UA/O03LRD		Rs 79,800
220-3430420711 AIRLINE: UA/O03LRD		

Fare Rules & Baggage :

BOM-MUC (LH767)

REFUNDABLE

Baggage

Baggage Type	Check-in Baggage	Hand Baggage
Adult	2 Pcs	7 Kgs

MUC-JFK (LH410)

REFUNDABLE

Baggage

Baggage Type	Check-in Baggage	Hand Baggage
Adult	2 Pcs	7 Kgs

JFK-ZRH (UA9717)

REFUNDABLE

Baggage

Baggage Type	Check-in Baggage	Hand Baggage
Adult	2 Pcs	7 Kgs

ZRH-BOM (UA9734)

REFUNDABLE

Baggage

Baggage Type	Check-in Baggage	Hand Baggage
Adult	2 Pcs	7 Kgs

- 1Pc = 23Kg
- Optimum Check-In Dimensions: length + width + height should not exceed 158cm.
- Optimum Cabin Dimensions: 55cm x 35cm x 20cm
- Above details are per passenger per sector
- In case of no-show or ticket not cancelled within the stipulated time, only statutory taxes are refundable subject to Goibibo Service Fee
- The baggage information is just for reference. Please Check with airline before check-in. For more information check airline website.

Important Information

- Please confirm the terminal with the airline as the same can be changed anytime before departure.
- For any cancellation or modification request, please [click here](https://go.ibi.bo/H9U2Kp6duW) (<https://go.ibi.bo/H9U2Kp6duW>) or visit Help section in our app/website. It's easier & faster!
- Lead Charges includes Conv. Fee, Insurance Charges (if selected), Visa Campaign (if applicable)
- Use PNR for all communication you have directly with the airline about this booking
- Your Ticket number serves as confirmation of your ticket status
- Carry a print out of this e-ticket and present it to the airline counter at time of check-in
- Carry photo identification and Passport Originals, you will need it as proof of identity while checking in
- For International flights, the check-in time is 3 hours before departure
- Goibibo service Fees is Rs. 500 for any cancellation/amendments.
- Please ensure you arrange at your end all visa's as per countries listed in your itinerary for your trip to avoid any visa/immigration issues at the airport.
- As per the airline rules, the standard check-in time begins 2 hours before departure for domestic flights
- In case of cancellation of a ticket, Company reserves the right to levy a cancellation fee per passenger per flight/sector. The aforesaid amount may be charged by the Company at its sole discretion and without notice to the User. Please note these charges shall be over and above the airline cancellation charges.
- The detailed terms and conditions set out at <http://www.goibibo.com/terms-and-conditions/> (<http://www.goibibo.com/terms-and-conditions/>) are incorporated herein by reference and shall accordingly apply to the booking.
- In addition to the aforesaid terms and conditions, the terms and conditions of the respective airlines shall also be applicable to the booking. In case of any inconsistency or conflict between the terms and conditions herein vis-a-vis the terms and conditions of the airlines, the terms and conditions of the airlines shall supersede.

B-36, 1st Floor, Pusa Road, New Delhi – 110 005

For Flight Support, Click this personalised unique link for you :<https://go.ibi.bo/H9U2Kp6duW> (<https://go.ibi.bo/H9U2Kp6duW>)

[1Pc = 23Kg, 'Optimum Check-In Dimensions: length + width + height should not exceed 158cm.', 'Optimum Cabin Dimensions: 55cm x 35cm x 20cm']

REBOARD PASS
BOARDING #:

14

PANDEY SHIVAM

19May19 09:25a

SCHED: GLI 0300

COUPON ORIG
NEWARK NJ

COUPON DEST

BINGHAMTON NY

TKT DEST
SYRACUSE NY

CONF#:2799598601
14May19 02:20p
SOLD AT: 04044
0300



NBTA 0043

GREYHOUND LINES, INC.

FROM: NEWARK NJ
TO: BINGHAMTON NY

DEP: 19May19 09:25a
BOARDING #: 14
SCHED 0300

OW ADULT

NO REFUND, SUBJECT TO A FEE, IF VALID FOR EXCHANGE

TICKET FOR SCHEDULE 0300 /19May19

FARE \$33.00
TAX \$0.00
SUBTOTAL: \$33.00
FEE \$2.50 \$0.00
OFFLINE TENANT BC
AC:
OB/OB
MILES: 183 260
COUPON 01 OF 02

CONF#: 2799598601
04044 BUS BUD MONT PQ
14May19 02:20p 1006
U04044F

TKT ORIG:NEWARK NJ
TKT DEST:SYRACUSE NY
TARIFF: PRO-ECON

0002323 001 01 29 63205775 2

0010129632057752

NO REFUNDS OR EXCHANGES EXCEPT AS PROVIDED
HEREIN. AND DUPLICATION OR ALTERATION OF THIS
TICKET IS STRICTLY PROHIBITED AND SHALL SUBJECT
THE BEARER TO PROSECUTION.



0010129632057752

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TERMS AND CONDITIONS OF CARRIAGE & NOTICE TO SHIPPERS

All customers agree to all terms and conditions of travel and shipping found at www.greyhound.com and www.greyhound.ca as applicable.

LIMITATION OF LIABILITY Greyhound Lines, Inc. ("Greyhound" or "Carrier") is responsible only for transportation on its own lines in accordance with applicable tariffs and limitations and assumes no responsibility for any acts or omissions of others, including interline partners, except as imposed by law. In no event shall Carrier be liable for consequential or incidental damages for loss, damage or delay, including weather delays.

TICKETS Tickets are limited as endorsed and are not transferable. The unauthorized resale of tickets is strictly prohibited and will be prosecuted. No reservations are accepted unless expressly stated otherwise. Tickets are valid ONLY for the schedule, date and time for which request must be made prior to the original travel date; otherwise, the ticket will be null and void. Greyhound is not responsible for lost or stolen tickets. Tickets sales are limited to 5 per passenger.

TRAVEL Departure dates and times may change. Carrier is not responsible for delays caused by breakdowns, road conditions, weather or other elderly passengers, seating is on a first come/first served basis and is without regard to race, color, creed, national origin or any other protected characteristic.

FARES AND FEES Fares are valid ONLY for the schedule, date and time for which quoted. Discount fares are subject to date, time and schedule restrictions. Fares may be subject to additional charges including taxes, fees and carrier price differences. For non-refundable and advance purchase tickets, departure dates and times may be changed for a fee provided that advance purchase requirements are not violated (including holiday blackout restrictions) and all transactions and travel are completed within a year of the original purchase date. Requests for exchanges must be made prior to the original travel date; otherwise, the ticket will be null and void. Fares are payable in local currency only unless restrictions can be found at the Greyhound ticket office and on (US) www.greyhound.com or (CA) www.greyhound.ca.

REFUNDS & UPGRADES For refundable tickets only, unused one-way and round-trip walk-up fare tickets have a refund value equal to the fare paid, unless otherwise expressly stated on the ticket. Advance purchase discount fares are non-refundable and may be upgraded to a walk-up fare for a charge of \$20 per transaction plus the difference between the advance purchase fare and walk-up fare; provided, however, that if the walk-up fare is less than the advance purchase fare, no refund will be given. Origin and/or destination may NOT be changed via upgrade.

SPECIAL FARES Special Fares are subject to availability. If quoted fare price is no longer available at the time of final booking, the current price will be displayed as an option.

US: Student and Veterans Advantage discount fares require a membership and Senior citizen's fares require proof of age. Military discounts require a valid United States military ID presented upon request.

CA: Student discount fares require an International Student Identity Card or Student ID. Military discounts require a valid Military ID, retired Military ID, Veteran of Canada card or Club Xtra card for military dependents.

SMOKING IS PROHIBITED

INTERNATIONAL TRAVEL Passengers must have proper travel documents which may be checked at or prior to boarding an international schedule and which will be required for entry into another country.

BAGGAGE Liability for baggage is limited by applicable tariff. All baggage must be claimed promptly upon arrival. Storage charges apply for late claim of baggage. Liability for lost or damaged interstate checked baggage is limited to actual value not to exceed \$250 per Adult Fare or \$125 per Child Fare. Certain articles are not accepted for carriage. There is no liability for unclaimed baggage. Baggage must be properly identified including name and address. Baggage claims must be supported by claim check, identification, ticket receipt and excess value declaration (if applicable). Carrier may open and inspect baggage. Ask an agent for value limitations on intrastate baggage. All limitations found on ([US](http://www.greyhound.com)) www.greyhound.com or ([CA](http://www.greyhound.ca)) www.greyhound.ca also apply.

CONTACT US For questions, please contact the Fare and Schedule Department. An agent may be reached via email at (US) ifsr@greyhound.com or by phone at (800) 231-2222 and (CA) canada.info@greyhound.ca or by phone at (800) 661-TRIP (8747).

REBOARD PASS
BOARDING #:

7

NFTA 0043

TRAILWAYS/GREYHOUND POOL

PANDEY SHIVAM

19May19 01:25p

SCHD: NYP 0250

COUPON ORIG
BINGHAMTON NY



FROM: BINGHAMTON NY
TO: SYRACUSE NY

DEP: 19May19 01:25p
BOARDING #: 7
SCHED 0250

OW ADULT

NO REFUND, SUBJECT TO A FEE, IF VALID FOR EXCHANGE

TICKET FOR SCHEDULE 0250 /19May19

FARE \$33.00
TAX \$0.00
SUBTOTAL: \$33.00
FEE \$2.50 \$0.00
OFFLINE TENANT BC

CONF#: 2799598601
04044 BUS BUD MONT PQ
14May19 02:20p 1006
U04044F

AC:
OB/OB
MILES: 77 260
COUPON 02 OF 02

TKT ORIG: NEWARK NJ
TKT DEST: SYRACUSE NY
TARIFF: PRO-ECON

0000977 001 02 29 63205775 2

0010229632057752

TKT DEST
SYRACUSE NY
CONF#: 2799598601
14May19 02:20p
SOLD AT: 04044
0250

NO REFUNDS OR EXCHANGES EXCEPT AS PROVIDED
HEREIN. AND DUPLICATION OR ALTERATION OF THIS
TICKET IS STRICTLY PROHIBITED AND SHALL SUBJECT
THE BEARER TO PROSECUTION.



0010229632057752

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TICKETS Tickets are limited as endorsed and are not transferable. The unauthorized resale of tickets is strictly prohibited and will be prosecuted. No reservations are accepted unless expressly stated otherwise. Tickets are valid ONLY for the schedule, date and time for which purchased. All unrestricted one-way and round trip tickets are good for one year from the date of sale, provided that an exchange or refund request must be made prior to the original travel date; otherwise, the ticket will be null and void. Greyhound is not responsible for lost or stolen tickets. Tickets sales are limited to 5 per passenger.

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GREYHOUND LINES, INC.

RECEIPT & ITINERARY

** NOT GOOD FOR TRAVEL **

FROM:	NEWARK NJ	DEPART:	Sun 19May19	CONF#:	2799598601
TO:	SYRACUSE NY	PANDEY SHIVAM		ONE WAY/ADULT	
*** CITY ***		ARRIVAL	LAYOVER	DEPARTURE	SCHEDULE
NEWARK	NJ				
RS GOULDSBOR PA		10:55a 19May19	0:15	09:25a 19May19	GLI 0300
BINGHAMTON NY		01:10p 19May19	0:15	11:10a 19May19	GLI 0300
SYRACUSE	NY	02:40p 19May19		01:25p 19May19	NYP 0250
					NYP 0250

FARE PAID: \$33.00
 TAX: XX
 FEE: \$2.50 NONE
 EXCESS BAG: \$0.00
 EXCESS VAL: \$0.00

OFFLINE TENANT BC
 OB/OB
 DOC #:
 ROAD REWARD
 001 00 29 63205775 2

04044 BUS BUD MONT PQ
 14May19 02:20p 1006
 U04044F

** VOID IF DETACHED **

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THE SEVIS FEE

The U.S. Department of Homeland Security's Federal SEVIS Fee took effect on September 1, 2004. The fee of \$180.00 is generally a one-time fee (see exceptions, below) and is required of those who are applying for a J-1 visa based on a DS-2019 issued to "begin a new program."
Proof of fee payment must be presented at the visa interview.

You must pay the SEVIS fee if you are:

1. Seeking an *initial J-1 visa* from an embassy or consulate abroad for initial participation in an exchange visitor program.
2. A CANADIAN citizen: who does not need a visa to enter the United States as an exchange visitor, but who will be applying for admission at a U.S. port-of-entry to begin initial participation in a Department of State designated exchange visitor program.
3. Exceptions: a fee is NOT required for a J-1 exchange visitors participating in a program sponsored by the U.S. Federal government.

SEVIS Fee Rules

1. The SEVIS fee must be processed *at least three business days* before the visa interview, unless you have a printed receipt from an Internet payment.
2. The SEVIS fee *cannot* be paid at the embassy or consulate, or at the U.S. Border.
3. *A visa will not be issued unless the visa officer can verify that the SEVIS fee payment has been made.* However, you may schedule your visa interview prior to paying the SEVIS fee.
4. The SEVIS fee is not refundable. If your visa application is denied, and you decide to re-apply for the same type of visa at a later date, you will not be asked to make a second SEVIS fee payment as long as your visa application is made within 12 months of the initial denial.

How to Pay the SEVIS Fee

Currently, there are two payment methods:

1. Payment in U.S. dollars by credit card over the Internet, or
2. Payment in U.S. dollars by check, money order, or bank draft, drawn on a U.S. bank, and mailed to an address in the United States.

Payment of the SEVIS fee may be made by you or by any other individual, either in the United States or abroad, including family or friends. However, anyone paying the fee on your behalf will need to have a copy of your DS-2019 form, or a completed copy of Form I-901.

Procedure for Paying the SEVIS Fee

1. Use the DS-2019 enclosed in this mailing.
2. Access the Form I-901 from the internet at <http://www.fmjfee.com>.
3. Complete the Form I-901, answering all questions. Be sure that you enter your personal information exactly as it appears on the DS-2019 form.
4. Pay the \$180 SEVIS fee according to one of the methods described below.

Note: to complete form I-901, you must enter two types of information: (a) J-1scholars need to enter the SU Program Number, see item #2 of the DS-2019 and (b) enter your SEVIS ID number, which is printed at the top right of the DS-2019 form, above the bar code.

Paying on the Internet

1. Once you have received your DS-2019, you can make the fee payment by submitting form I-901 on-line using a credit card. The web address is <http://www.fmjfee.com>.
2. MasterCard, Visa, or American Express debit or credit cards are accepted. It does not matter if the card was issued in the United States or overseas. Follow the on-line instructions, include the required credit card information, and print out the payment screen to verify your payment. The printed receipt should be presented at the visa interview or at the U.S. port of entry as proof of payment. *Thus, when paying the fee on the Internet, it is essential that your printer be ready before starting the payment process. Do not exit the receipt page until you have successfully printed the receipt. You will not be able to return to the receipt page.*

- For detailed information on the SEVIS fee payment process, and for a list of frequently asked questions, visit: <http://www.ice.gov/sevis/i901/index.htm>

Paying by Mail:

1. To pay by mail, you must download and print form I-901 from <http://www.fmjfee.com> or use the paper copy provided with your DS-2019, fill out the form and mail it with your payment to the address below.
2. Your payment must be in U.S. dollars by check, money order or bank draft, drawn on a U.S. bank. Your check, bank draft or money order should be made payable to: "I-901 Student/Exchange Visitor Processing Fee." Also, be sure to print your name and SEVIS ID number in the lower left-hand corner of the check, money order or bank draft.
3. The need for a check, bank draft or money order in U.S. dollars drawn on a U.S. bank does not mean that only a U.S. bank can issue the document. Many foreign banks are able to issue checks or money orders drawn on a U.S. bank, because they are chartered in the United States, or because they are foreign subsidiaries of a U.S. bank, or because they have arrangements with a U.S. bank to issue a check, money order, or foreign draft that is drawn on a U.S. bank.

Mail the payment and form I-901 to:	To send by courier, use the following address:
I-901 Student/Exchange Visitor Visa Processing Fee P.O. Box 970020 St. Louis, MO 63197-0020 USA	Student/Exchange Visitor Processing Fee 1005 Convention Plaza St. Louis, MO 63101 United States Phone Number: 1-314-418-8833 (United States Country Code 011)

NOTE: Payment by mail is not the recommended process for fee payment from abroad, as it can take as long as four weeks from the day you mail in the fee to the day that you receive the required receipt in the mail if you are applying from outside the United States, unless you pay for courier service.

When Can I Get My Visa and/or Enter the U.S.?

1. The SEVIS fee must be paid and fully processed before the applicant arrives at the consulate for the visa interview.
2. For those non-immigrants who do not need a visa to enter the U.S. as an exchange visitor, the fee must be paid and fully processed before applying for entry at a U.S. port-of-entry.
3. A receipt will be sent by mail to the address that you indicate with your payment. Further, for those that pay the SEVIS fee on-line, a payment confirmation can be printed out immediately after the payment is made, and used as a receipt until the mailed receipt is received.
4. Applicants are strongly encouraged to bring a SEVIS fee payment receipt with them for the visa interview, or, for those that do not need a visa, to the U.S. port-of-entry.
5. Having a receipt for the SEVIS fee payment will facilitate the visa application process. However, if you are unable to print a receipt from an on-line payment and/or do not receive your mailed receipt in time for your visa interview you can still go to your interview as long as your fee has been processed by the Department of Homeland Security.

Showing Proof of SEVIS Fee Payment at the Visa Interview and/or the U.S. Port of Entry

You must be able to prove that the fee has been paid when you appear for your visa interview, and when you enter the United States. This is done by presenting a printed receipt, either from the Internet if you made an on-line payment, or a mailed receipt if you paid by mail.

Visa officers and U.S. port-of-entry inspectors should be able to verify SEVIS fee payment electronically three business days after payment is processed, but in case of problems, having a printed receipt is the best evidence of fee payment. If you lose or did not receive a receipt for fee payment, the U.S. government does retain an electronic record that the fee has been paid.

The visa will not be issued unless verification of the SEVIS fee payment can be made.



The Exchange Visitor Program

WELCOME BROCHURE

Bureau of Educational and Cultural Affairs
United States Department of State

The Department of State welcomes you to the United States. We are pleased to receive you as an exchange visitor. As an Exchange Visitor Program participant, you will acquire an experience in the United States, and as an ambassador of your country you will help educate the American people about your home country and culture.

This brochure will help you understand the purpose of the Exchange Visitor Program, provide you with information on contacting the Department of State, and introduce you to some of the major requirements of the Exchange Visitor Program regulations.

THE EXCHANGE VISITOR PROGRAM

THE U.S. DEPARTMENT OF STATE administers the Exchange Visitor Program under the provisions of the Mutual Educational and Cultural Exchange Act of 1961, as amended. The Act promotes mutual understanding between the people of the United States and other countries by means of educational and cultural exchange. The Exchange Visitor Program provides foreign nationals opportunities to participate in exchange programs in the United States with the expectation that on completion of their exchange program, they will return home to share their experiences.

Sponsors – The U.S. Department of State designates U.S. organizations such as government agencies, academic institutions, educational and cultural organizations, and corporations to administer exchange visitor programs. These organizations are known as sponsors. Sponsors screen and select exchange visitors to participate in their programs based on the regulations governing the exchange activity and stated in 22 CFR Part 62. Sponsors provide exchange visitors pre-arrival information, an orientation, and monitor activities throughout their exchange program. Sponsors offer or identify cross-cultural activities that will expose exchange visitors to American society, culture, and institutions. You are encouraged to participate in activities that provide them with an opportunity to share their language, culture, and history with Americans.

Responsible Officers – Sponsors appoint individuals as responsible officers and alternate responsible officers to advise and assist exchange visitors. These officers issue the Certificate of Eligibility (Form DS-2019), and conduct official communications with the Department of State and the Department of Homeland Security (DHS) on your behalf. Your sponsor's role is to help you manage your program. If problems arise or you have questions, your sponsor is there to help you. Should you have any questions about the regulations or any aspect of your exchange program, your initial and primary contact is your sponsor. Unless provided specific contact information by your sponsor you should contact the person whose name and telephone number can be found on your Form DS-2019.

Exchange Visitor – An exchange visitor is a foreign national selected by a sponsor to participate in an exchange visitor program and who is seeking to enter or has entered the United States temporarily on a J-1 visa.

Spouse and dependents - Some categories of the Exchange Visitor Program permit a spouse and/or unmarried children, under 21 years of age, to accompany an exchange visitor to the United States. These individuals may apply for J-2 visas with the permission of your sponsor.

REGULATIONS – RULES

IT IS IMPORTANT THAT YOU understand and abide by the Exchange Visitor Program regulations, U.S. laws and sponsor rules. Regular contact with your sponsor will help you keep current with any change which may affect your J-1 visa status. Some requirements of the Federal regulations and where to find them are indicated below.

Register with your sponsor – Your Form DS-2019 was created in a computerized system known as the Student and Exchange Visitor Information System (SEVIS). This System is administered by the Department of Homeland Security and is used to collect and maintain information on the current status of non-immigrants and their dependents in the sponsor's program during their stay in the United States.

When you arrive in the United States, you must contact your sponsor to ensure that your data in SEVIS is accurate and updated. Failing to maintain your status could result in serious consequences and may affect your ability to remain in or return to the United States.

Activities and Program Provisions – You entered the United States in a specific program category, and are required to engage in that category and the activity listed on your Form DS-2019. You must comply with the specific program provisions of the regulations relating to your exchange category.

Insurance – You are required to have medical insurance in effect for yourself (J-1), your spouse and any dependents (J-2) for the duration of your program. Some sponsors provide the required insurance for their exchange visitors. Other sponsors may allow you to make your own arrangements or may help to identify insurance carriers. Consult with your responsible officer before the start of your program.

(a) **Minimum Insurance Coverage** – Insurance shall cover: (1) medical benefits of at least \$100,000 per person per accident or illness; (2) repatriation of remains in the amount of \$25,000; and (3) expenses associated with medical evacuation in the amount of \$50,000.

(b) **Additional Terms** – A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds \$500 per accident or illness, and must meet other standards specified in the regulations.

(c) **Maintenance of Insurance** – Willful failure on your part to maintain the required insurance throughout your stay in the United States will result in the termination of your exchange program.

Maintenance of Valid Program Status – You are required to have a valid and unexpired Form DS-2019. Sponsors may terminate an exchange visitor's program for violating U.S. laws, Exchange Visitor Program regulations, or the sponsor's rules governing their particular program.

Required Notifications to Sponsors – You must immediately inform your sponsor if you change your address (residence) or telephone number, or complete or withdraw from your exchange visitor program early. Doing so assists your sponsor in complying with their notification and reporting requirements to the U.S. Department of State and the Department of Homeland Security. Failure to keep your sponsor informed could result in the termination of your program status.

Current Regulations – The Exchange Visitor Program regulations are located in the Code of Federal Regulations, (22 CFR, Part 62) and can be found at the J-1 Visa website: <http://j1visa.state.gov/sponsors/current/regulations-compliance/>.

Contacting the Department of State – The Exchange Visitor Program is administered under the oversight of the Deputy Assistant Secretary for Private Sector Exchange, Bureau of Educational and Cultural Affairs (ECA).

Bureau of Educational and Cultural Affairs
U.S. Department of State
State Annex SA-5, Fifth Floor
Washington, DC 20522-0505

Report Abuse or Exploitation – If you are mistreated and/or your rights are violated, and your sponsor is not providing the help you need, contact the Department of State for assistance:

J-1 Visa Emergency Hotline: 1-866-283-9090.*
This line is for use by exchange visitors and third parties in the case of urgent situations. *A Department of State representative is available 24 hours a day.

Regular Communications or questions: jvisas@state.gov.
This e-mail address is to communicate non-emergency issues, questions, and concerns.

APPLYING FOR A J-1 EXCHANGE VISITOR VISA

(From the U.S. Department of State web site: http://travel.state.gov/visa/temp/types/types_1267.html)

Applying for an Exchange Visitor Visa

Visa applicants should apply at the U.S. Embassy or Consulate, generally in their country of permanent residence. As part of the visa application process, an interview at the U.S. Embassy or Consulate is required for visa applicants from age 14 through 79, with few exceptions. Persons age 13 and younger, and age 80 and older, generally do not require an interview, unless requested by the embassy or consulate. The waiting time for an interview appointment for applicants can vary, so early visa application is strongly encouraged. Visa wait times for interview appointments and visa processing time information for each U.S. Embassy or Consulate worldwide is available on our website at [Visa Wait Times](#), and on most embassy websites. If you are authorized by your sponsor to be accompanied by your spouse (husband or wife) and children, they will also be given a Form DS-2019 and they can apply at the same time. **Learn how to schedule an appointment for an interview, pay the application processing fee, review embassy specific instructions, and much more by visiting the [U.S. Embassy or Consulate website](#) where you will apply.**

During the visa application process, usually at the interview, an ink-free, digital fingerprint scan will be quickly taken. Some visa applications require further [administrative processing](#), which takes additional time after the visa applicant's interview by a Consular Officer.

Required Documentation

When applying, each visa applicant must submit to the U.S. Embassy or Consulate these forms and documentation, as explained below:

- **DS-2019, Certificate of Eligibility for Exchange Visitor Status.** A SEVIS-generated Form, DS-2019, is provided to you by your program sponsor, after the sponsor enters your information in the SEVIS system. All exchange visitors, including their spouses and dependents must be registered in the Student and Exchange Visitor Information System (SEVIS).
- **A Training/Internship Placement Plan, Form DS-7002.** All exchange visitor (J visa) trainee or intern visa applicants (based on Box 7 on form) must also present Training/Internship Placement Plan, [Form DS-7002](#) when applying for a visa. For more information about the rules for trainee and intern programs, see the Exchange Visitor Program, [Trainees](#) on the ECA website.
- **Online Nonimmigrant Visa Electronic Application, Form DS-160.** Visit our [DS-160 webpage](#) to learn more about the DS-160 online process.
- **A passport valid for travel to the U.S.** and with a validity date at least six months beyond the applicant's intended period of stay in the U.S. (unless [country-specific agreements](#) provide exemptions). If more than one person is included in the passport, each person desiring a visa must complete an application;
- **One (1) 2x2 photograph.** See the required photo format explained in [Nonimmigrant Photograph Requirements](#).

What are the Required Visa Fees?

- **Nonimmigrant visa application processing fee** - For current fees for DOS government services select [Fees](#). You will need to provide a receipt showing the visa application processing fee has been paid, when you come for your visa interview.
- **Visa issuance fee** – Additionally, if the visa is issued, if applicable, there will be an additional visa issuance reciprocity fee. Please review the [Visa Reciprocity Tables](#) to find out if you must pay a visa issuance reciprocity fee and what the fee amount is. **NOTE:** U.S. Government sponsored exchange visitor (J visa) applicants and their dependents are not required to pay any applicable reciprocity fees.

Additional Documentation

- Find out if there are any additional documentation items required by reviewing the [U.S. Embassy or Consulate website](#) where you will apply for your visa.
- Applicants must demonstrate to the consular officer that they have binding ties to a residence in a foreign country which they have no intention of abandoning, and that they are coming to the U.S. for a temporary period. It is impossible to specify the exact form the evidence should take since applicants' circumstances vary greatly.

My Visa Has Been Issued- When Can I Travel to the U.S.?

- DHS regulation requires that all beginning (initial) J exchange visitors, and J-2 spouse and dependents enter the U.S. 30 days or less in advance of the applicant's program start date as shown on the Form DS-2019. The 30-day limitation does not apply to current exchange participants who are returning to continue with their exchange program.
- If you want an earlier entry in the U.S. (more than 30 days prior to the course start date), you must qualify for, and obtain a visitor visa; however, this is strongly discouraged.

Spouses and Children

Spouses and/or children under the age of 21 who wish to accompany or join the principal (or primary) exchange visitor (J) visa holder in the U.S. for the duration of his/her stay require exchange visitor visas. The application procedure is the same as that for a primary visa applicant. The sponsor must approve the accompaniment of the spouse and/or children and who will each be issued their own Form DS-2019. This form is used to obtain the required visa and the spouse and dependents can enter the U.S. at the same time as the principal exchange visitor or at a later date.

Work - The spouse and/or children of an exchange visitor in the U.S. may not work in J-2 status, unless they have filed Form I-765 Application for Employment Authorization and U.S. Citizenship and Immigration Services (USCIS) has approved permission to work. To learn more, select [How Do I Get a Work Permit \(Employment Authorization Document\)?](#) to go to the USCIS website.

Study- The spouse and/or children of an exchange visitor visa holder who are in the U.S. on an exchange visitor visa may study in the U.S. without also being required to apply for a student (F-1) visa or change to F-1 status.

Spouses and/or children who do not intend to reside in the U.S. with the principal visa holder, but visit for vacations only, may be eligible to apply for visitor (B-2) visas, or if qualified, travel without a visa under the Visa Waiver Program.

Family Members Following to Join the Exchange Visitor

The spouse and children can also apply for visas after the principal applicant has already traveled. In general, they must present the following:

- Form DS 2019, SEVIS generated, and approved by the sponsor
- Proof that the principal applicant (the person who received the DS-2019) is maintaining his/her J-visa status
- Copy of the J-1's (principal applicant's) visa
- Proof of relationship to the principal applicant
- Proof of sufficient money to cover all expenses in the U.S.

NOTE: Spouses and children of exchange visitors may not enter the U.S. before the primary exchange visitor enters for the first time.

Health/Medical Insurance Requirements

All J-1 Exchange Visitors and their J-2 dependents are required to have medical insurance coverage with the following minimum benefits [22 CFR 62.14].

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness.

All J-1 Exchange Visitors and any dependents entering the United States as holders of a J-2 visa must have insurance in effect during the period of time they are in the J program. An insurance policy secured to meet the benefits requirements must be underwritten by an insurance corporation with an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-I" or above, a Standard and Poor's Claims Paying Ability rating of "A-" or above, or a Weiss Research, Inc. rating of B+ or above. Alternatively, the participant's policy may be backed by the full faith and credit of the government of the exchange visitor's home country.

J-1 visa holders must provide proof of health insurance for themselves and any family members when they first arrive and report to the Slutzker Center, and again if they later apply for an extension of their J-1 status. J-1 visa holders may purchase any plan that provides the minimum level of coverage listed above.

भारतीय प्रौद्योगिकी संस्थान, गोवा
गोवा अभियांत्रिकी महाविद्यालय परिसर, फारमगुडी, फोण्डा - ४०३४०१, गोवा
Indian Institute of Technology Goa
Goa College of Engineering Campus, Farmagudi, Ponda - 403401, Goa



**Assistant Registrar
AP & SA**

S(U)/160010024/2018-19/04/51)
Dated: 29-04-2019

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Shivam Pandey** bearing **Roll Number 160010003**, is a bona fide student of this Institute studying in the **Third Year** of Four-Year Course leading to Degree of **B. Tech** in Computer Science and Engineering during Academic year 2018-19.

He has been invited for a summer internship program at Syracuse University, New York from 18.05.2019 to 06.07.2019. This Institute has no objection to Mr. Shivam Pandey completing his internship during the above-mentioned period.

This certificate is issued at the request of the student.


(Ateequr Rahman)
मान्यक कलमचिह्न – शिक्षिक कार्य
Asst. Registrar - Academic Program
गोवा अभियांत्रिकी महाविद्यालय
Indian Institute of Technology Goa





**Assistant Registrar
AP & SA**

S(U)/160010003/2018-19/4/458
Dated: 15-04-2019

BONAFIDE CERTIFICATE

This is to certify that **PANDEY SHIVAM SANTOSH**, s/o Mr. Santosh Pandey, bearing **Roll Number 160010003** is a bonafide student of this Institute studying in the **Third Year** of Four-Year Course leading to Degree of **B. Tech in Computer Science Engineering** during Academic year 2018-19.

To the best of my knowledge and belief he bears good moral and character.

This certificate is issued at the request of the student.

(A Rahman)

प्राध्यक कलमधिव नियार्थी काय
Asst. Registrar Students Affairs
आर्टीआई औटोमेटिक इन्जिनियर गोवा
Indian Institute of Technology Goa



भारतीय प्रौद्योगिकी संस्थान, गोवा
गोवा अभियांत्रिकी महाविद्यालय परिसर, फारमागुडी, फोण्डा - ४०३४०१, गोवा
Indian Institute of Technology Goa
Goa College of Engineering Campus, Farmagudi, Ponda - 403401, Goa



**Assistant Registrar
AP & SA**

S(U)/160010003/2018-19/04/51 2
Dated: 29-04-2019

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Shivam Pandey** bearing **Roll Number 160010003**, is a bonafide student of this Institute studying in the **Third Year** of Four-Year Course leading to Degree of **B. Tech in Computer Science and Engineering** during Academic year 2018-19.

Presently he is residing at the following address:

Room No: 102, First Floor
Block B1, New IIT Goa Hostel, Goa Engineering College Campus
Farmagudi, Ponda, Goa. 403401.

This certificate is issued at the request of the student for obtaining Visa.


(Ateequr Rahman)

महायक कलामचित्र – शैक्षिक कार्य
Asst. Registrar - Academic Program
आरटीआर प्रौद्योगिकी महाविद्यालय गोवा
Indian Institute of Technology Goa





IIT Goa/AP(U)/160010003/2018-19/2/**83**
Date: 15 Jan ,2019.

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Shivam Pandey**, bearing Roll No. 160010003 from **School of Mathematics and Computer Science**, is a bonafide student of Indian Institute of Technology Goa, (IIT Goa), and that Mr. Pandey has the language proficiency level in English required to successfully complete his study programme, corresponding to the minimum recommended level.

Sabiha Hashmi

(Dr. Sabiha Hashmi)
Assistant Professor
School of Humanities and Social Sciences
Indian Institute of Technology Goa

bhuwan



To,
U.S.Consulate General Mumbai,
C-49, G-Block, Bandra Kurla Complex,
Opp.Trident Hotel, Bandra East.
Mumbai, 400051

Date: 06-May-2019

Subject: Letter of Financial Responsibility for my son Shivam Pandey, J-1 visa applicant - scheduled to travel to Syracuse, NY State for Summer Internship Programme at Syracuse University

Dear Sir/Madam, Good day!

I am Capt Santosh Pandey, father of **Shivam Pandey**, a J-1 visa applicant at your good office. **Shivam** is currently pursuing his B. Tech degree Programme in **Computer Science and Engineering at Indian Institute of Technology, Goa**.

As part of his academic curriculum, he intends to travel to **Syracuse, NY State, U.S.**, for a 45 days Summer Internship Programme at **Syracuse University**, beginning **20th May 2019** and ending **5th July 2019**.

He will be working at **Syracuse University**, under the guidance of **Mr Chilukuri K. Mohan**, Professor, Department of Electrical Engineering & Computer Science [Telephone - 315.443.2322, Email - ckmohan@syr.edu]

Being his father, I would like to provide this undertaking (Letter of Financial Responsibility) that I shall stand responsible for providing all of his expenses associated with above mentioned trip to the **United States**, including but not limited to his onward and return tickets, his stay (lodging and boarding) at Syracuse and any other expenses that he may need to incur during his trip.

He is carrying confirmed tickets for onward and return travel, for your review.

Request your kind sanction for granting him J-1 visa so as to enable him undertake this short trip, which will be of immense help in his academic progress.

For your records, I can be reached at contact details provided below.

Thanks & best regards,

Capt. Santosh Pandey | Head Of Department - Nautical

Anglo-Eastern Maritime Academy
Village Khandpe, Kondiwade Post. Karjat Taluk. Raigad District
Maharastra 410201. India
T. +91 8879631226 / 9820686834 (M) |
pandey.s@angloeastern.com | www.angloeasterncollege.com



Online Nonimmigrant Visa Application (DS-160)

DATE 22 MAR 2019

MUMBAI



Confirmation

This confirms the submission of the Nonimmigrant visa application for:

**Photo will
be taken
at the
ASC.**

Name Provided:	PANDEY, SHIVAM	Location Selected:
Date Of Birth:	18 SEP 1997	BMB
Place of Birth:	GHAZIABAD, INDIA	U.S. Consulate General Mumbai
Gender:	Male	C-49, G-Block, (Near Hotel Trident - BKC)
Country/Region of Origin (Nationality):	INDIA	Bandra Kurla Complex,
Passport Number:	Z3616772	Bandra East,
Purpose of Travel:	EXCHANGE VISITOR (J1)	Mumbai 400051, India
Completed On:	11 MAR 2019	
Confirmation No:	AA008RA09I	

THIS IS NOT A VISA

Version 01.05.02

Note: Electronically submitting your DS-160 online application is the FIRST STEP in the visa application process. The next step is to review the internet page of the embassy or consulate where you plan to apply for your visa. Most visa applicants will need to schedule a visa interview, though some applicants may qualify for visa renewal. The embassy or consulate information may include specific local instructions about scheduling interviews, submitting your visa application, and other frequently asked questions.

YOU MUST BRING the confirmation page and the following document(s) with you to the Application Service Center:

Passport; Proof of SEVIS registration and fee payment; DS-2019; DS-7002 if intern or trainee

You may also provide any additional documents you feel will support your case.



A A 0 0 8 R A 0 9 I

"SMS/Email alert message will be sent to your Registered Mobile/Email address when your passport is ready for collection. Uncollected passports will be returned back to US Embassy/Consulate after 14 days. Applicants who opted for Premium Delivery Service will need to pay ₹ 500 per passport to the courier company at the time of delivery. Payment receipt will be emailed to you on your registered Email ID."

Instructions

YOU MUST SUBMIT the confirmation page with a clear and legible barcode at the time of your interview. If you do not have access to a printer at this time, select the option to email your confirmation page to an email address. You may print or email your application for your own records. **YOU DO NOT** need to submit the application at the time of the interview.

Please note that you will be required to provide proof that you have paid the visa application fee and any other fees associated with your application. There may be other fees associated with the visa application process. Please check your country's Reciprocity Schedule for any other fees you may owe.

If you have further questions, or to find out how to contact the Consular Post, please go to <https://in.usembassy.gov/visas/> or <http://travel.state.gov>.

You have indicated that you are applying for a F, M, or J visa. If you are not returning to the same program and/or you fell out of student status, you must pay a SEVIS fee (<http://www.ice.gov/sevis/>). You should bring your SEVIS fee receipt with you to your interview. The fee should be paid at least three business days prior to your scheduled appointment date.

NOTE: Unless exempt from an interview, you will be required to sign your application by providing a biometric signature, i.e. your fingerprint before a consular officer. By providing this biometric signature you are certifying under penalty of perjury that you have read and understood the questions in your nonimmigrant visa application and that all statements that appear in your nonimmigrant visa application have been made by you and are true and complete to the best of your knowledge and belief. Furthermore at the time of your interview, you will be required to certify under penalty of perjury that all statements in your application and those made during your interview are true and compete to the best of your knowledge and belief.

You electronically signed your application on 11-Mar-2019 05:13:35 (GMT-05:00). You were required to electronically sign your application yourself, unless otherwise exempt by regulation, even if the application was prepared by someone other than yourself. Your electronic signature certifies that you have read and understood the questions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing any false or misleading statements may result in the permanent refusal of a visa or the denial of entry into the United States. All declarations made in this application are unsworn declarations made under penalty of perjury. (28 U.S.C. 1746).

You certified that you understand that you are required to submit your visa to the United States Immigration Officer at the port where you apply to enter the United States, and that possession of the visa does not entitle you to enter the United States if, upon your arrival, you are found to be inadmissible under U.S. immigration laws. You certified that you understand that any willfully false or misleading statement or willful concealment of a material fact made by you within the application may subject you to permanent exclusion from the United States and, if you are admitted to the United States, may subject you to criminal prosecution and/or deportation.

The information that you have provided in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. If fingerprints are collected as part of your application process, they may be used for the purpose of comparing them to other fingerprints in the FBI's Next Generation Identification (NGI) fingerprint system or its successor systems (including civil, criminal, and latent fingerprint repositories). The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.

Student and Exchange Visitor Program: SEVIS I-901 Payment Confirmation

Please print the Payment Confirmation for your records. Reference the confirmation number CCC1915884790 on all inquiries related to your I-901 status. You may be required to produce your payment confirmation for your visa issuance, admission to any United States port of entry, for any change of non-immigrant status, or other United States immigration benefits.

When you go to the Consulate for your visa, you should bring your payment confirmation to prove you have paid the SEVIS fee. If you paid by credit card, this transaction will appear on your credit card bill as US STUDENT & EV I901 FEE 800-375-5283 VT

Department of Homeland Security**U.S. Immigration and Customs Enforcement****Notice of Action**

UNITED STATES OF AMERICA	
CONFIRMATION NUMBER: CCC1915884790	CASE TYPE: I-901 Fee Remittance Form for F-1, F-3, M-1, M-3 and J-1 Non-Immigrants.
PAYMENT DATE: Mar 7, 2019	APPLICANT: SHIVAM PANDEY
NAME AND ADDRESS: SHIVAM PANDEY FLAT 112, BLDG 1A, KALPATARU RIVERSIDE CHS, PANVEL, NAVI MUMBAI INDIA 410206	NOTICE TYPE: Receipt Notice EMAIL ADDRESS: pshivam97@gmail.com
SHIVAM PANDEY	
Your Form I-901 Application and Fee have been received. Please notify us immediately if any of the above information is incorrect.	
This fee payment is valid only for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3 or J-1 Non-immigrant visa, or if you want to change your Non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee.	
APPLICANT STATUS: J-1 DATE OF BIRTH: Sep 18, 1997 PROGRAM NUMBER: P100245 EXCHANGE VISITOR CATEGORY: INTERN AMOUNT RECEIVED: \$180.00 SEVIS IDENTIFICATION NUMBER: N0030281415	
THIS ELECTRONIC RECEIPT SHALL BE USED AS EVIDENCE OF PAYMENT	
I-901 Student/Exchange Visitor Processing Fee P.O. Box 970020 St. Louis, MO 63197-0020 Customer Service Telephone 703-603-3400	

APPOINTMENT CONFIRMATION

APPLICANT DETAILS

Applicant Name: PANDEY, SHIVAM Visa Class: J-1
Passport Number: Z3616772 Visa Category: Students and Exchange Visitors
Appointment Made By: SHIVAM PANDEY Visa Priority: English
Number of Applicants: 1

VAC APPOINTMENT DETAILS

Date: Friday March 22, 2019 MUMBAI VAC
Time: 10:45 (45) Parinee Crescenzo, 101, 1st Floor,A Wing,
G Block, Bandra Kurla Complex,
Bandra East, Mumbai,400051

CONSULAR APPOINTMENT DETAILS

Date: Wednesday May 8, 2019 MUMBAI
Time: 09:45 (112) U.S.Consulate General Mumbai, C-49, G-Block
Bandra Kurla Complex, Opp.Trident Hotel, Bandra
East.
Mumbai,400051

DOCUMENT DELIVERY INFORMATION:

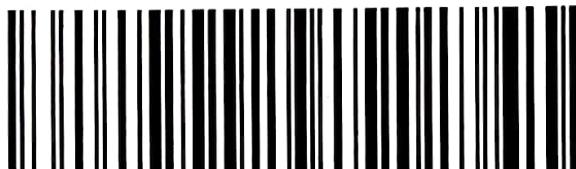
Document Delivery Type: Premium Delivery 1A - 112, GODAVARI, KALPATARU RIVERSIDE CHS,
OPP PANCHMUKHI MARUTI TEMPLE
PANVEL, MAHARASHTRA 410206

Appt-58847570-58b95c9c23d582223a897696eb1c3113589d79c2f6167f616cf7c1b3155b2f20

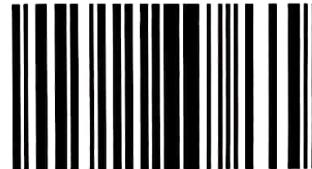
MRV FEE PAYMENTS

PANDEY, SHIVAM INR11840.00 - 730158018988

DS-160 Confirmation Number: UID:



AA008RA091



58018988

Appt-58847570-58b95c9c23d582223a897696eb1c3113589d79c2f6167f616cf7c1b3155b2f20

Instructions

You have scheduled an appointment for a non-immigrant visa to the U.S. Most applicants will have an appointment at the Visa Application Center (VAC), followed by an appointment at the Embassy or Consulate. Please carefully review the important information below. Coming prepared will ensure you the best service possible.

What documents do I need to bring?

- Appointment confirmation letter
- Your current passport and most recently expired passport
- Print out of the DS-160 confirmation page
- Supporting documents for your application, as applicable
- Documents and photographs for any children under age 14

Who should come to the appointment?

Only visa applicants may attend the appointment. Friends, relatives, attorneys, business contacts, and other individuals without an appointment may not enter the building, except:

-Applicants under age 18 may be accompanied by a parent or guardian, if desired.

-Applicants with disabilities may be accompanied by a caretaker, helper, or interpreter.

Should my children come?

Children under the age of 14 do not need to appear in person to apply for a visa. If you are also applying for a visa, you may carry your child's application documents with you, along with one photograph of the child on white background (2 x 2 inches or 51 x 51 mm) in size. Further photo specifications are available:

<http://www.ustraveldocs.com/in/in-niv-photoinfo.asp>.

When should I arrive?

You should arrive at exactly the time of your appointment; you will not be permitted to enter the facility before the time listed on your appointment letter.

What items can I bring?

You should bring only the required documents in an unsealed transparent plastic bag or folder. Mobile phones and most purses/bags are not permitted. We do not provide a facility for storage of any items. The following items are prohibited:

- Battery-operated or electronic devices such as mobile phones, digital diaries, pagers, cameras, audio/video cassettes, compact discs, MP3s, floppy disks, flash drives, memory sticks, Blue Tooth devices, laptop or tablet computers and portable music players

- Large shoulder bags/purses, travel bags, backpacks, briefcases or suitcases. Only bags that can be carried by hand will be permitted like unsealed plastic bags containing application-related papers , small cloth bags and zip folders
- Food or drink items
- Cosmetics (including, but not limited to, spray perfume/cologne and talcum/baby powder)
- Sealed envelopes or packages
- Flammable items such as Cigarettes, cigars, match boxes, lighters
- Sharp objects, including scissors, pocketknives ,pen knives or nail files
- Weapons, weapon-like objects, or explosive material of any kind
- Long Handled Umbrella's (longer than 40 cm when closed)

Note: This list of prohibited items is not exhaustive. Other items may be prohibited at the discretion of security staff. All visitors will be screened with handheld or walk-through metal detectors. These are safe for all individuals, including pregnant women and those with cardiac pacemakers.

How will I collect my visa once it is issued?

Your appointment letter lists the pick-up location you chose when making the appointment. If your visa is approved, you will receive an SMS and email when the passport is ready to be collected. To collect your passport, you must bring an original government-issued photo ID. Information on how to change your pick-up location or authorize someone else to collect your passport is available at:
<http://www.ustraveldocs.com/in/in-loc-passportcollection.asp>.

Note: Please note that passports not collected within 14 calendar days from 11 Visa Application Centers or within 7 working days from 22 Blue Dart locations will be RETURNED to the respective U.S. Embassy/Consulate.

What else do I need to know?

Answers to other frequently asked questions can be found at <http://www.ustraveldocs.com/in/in-gen-faq.asp>. To reach a customer service representative via email, please write to support-india@ustraveldocs.com or call +91 0120-4844644 / +91 040-46258222. If you are calling from U.S., you can reach us on +1 703 520 2239. There is no public information window at the Visa Application Center (VAC) or Embassy/Consulate.

Please note parking facility is not provided at the Embassy/Consulate and Visa Application Center.
Please make alternate arrangements for your vehicle if you are planning on parking in the immediate area.

HDFC ERGO General Insurance Company Limited

Policy Schedule

Policy No. 2924 1006 0706 9700 000

Student Suraksha - Student Overseas Travel Policy



Takes it easy!



Proposer Name	MR. SANTOSH PANDEY			PAN No.	Sponsor Name		CAPT SANTOSH PANDEY
Corr. Address/ Place of Supply	1A-112, GODAVARI, KALPATARU RIVERSIDE CHS,OLD MUMBAI-PUNE HIGHWAY, TAKKA, RAIGAD, MAHARASHTRA, 410206			Permanent Address	1A-112, GODAVARI, KALPATARU RIVERSIDE CHS,OLD MUMBAI-PUNE HIGHWAY, TAKKA, OPPOSITE PANCHMUKHI MARUTI, RAIGAD, MAHARASHTRA, 410206		
Mobile	9820686834	Phone	E Mail	CAPTS PANDEY@GMAIL.COM	Overseas Ph. No.		Policy Issuance Date 15/05/2019
Insurance Plan	Gold-Inc USA / Canada (Worldwide)			Operative Time*	Mention Below		
University Name	Syracuse University			Countries of Visit	UNITED STATES OF AMERICA		
Period of Insurance	From Date & Time	18/05/2019 00:01 hrs	To Date & Time	07/07/2019 Midnight			

*Operative Time: A trip outside the territorial limits of the country of residence. The insurance starts from the time an Insured Person leaves the territorial limits of the country of residence, and ends when an Insured Person returns to the territorial limits of the country of residence.

Insured Person's Details & Sum Insured

Insured's Name	Category	Gender	Date of Birth	Passport No.	Nominee Name	Relationship
SHIVAM PANDEY	Son	MALE	18/09/1997	Z3616772	CAPT SANTOSH PANDEY	Father

Coverage Details

Benefits	Sum Insured (US\$)	Deductible (US\$)
Emergency Medical Expenses(EME)	250000	100
Accidental Death	20000	
Permanent Disablement	20000	
Emergency Dental Treatment	500	100
Loss of Passport	250	50
Medical Evacuation	Included in EME	
Body Repatriation	Included in EME	
Loss of Checked Baggage	2000	Per Baggage Maximum 50% of Sum Insured & Per article Limit Maximum 10% of Sum Insured
Delay of Checked Baggage	200	12 hours, \$10 per 8 hours
Personal Liability	100000	
Compassionate Visit	7500	
Study Interruption	7500	
Sponsor Protection	10000	
Bail Bond	5000	

Premium Details (₹)

Basic Premium	5,537.00
Loadings	0.00
GST 18% : Central Tax 9% (₹498.5) + State Tax 9% (₹498.5)	997.00
Total Premium	6,534.00

Payment Details

Cheque No/DD/Fund Transfer	Date	Bank Name
1421905042977	15/05/2019	Bizdirect

Invoice No.	HSN Code	9971
If the premium is not realised the policy shall be void from inception. Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no. CSD/324/2019/559/19 dated 08/02/2019 as prescribed in Government of Maharashtra Order No. Mudrank - Mudrank-2017/CR.97/M-1, dated the 09th January 2018. Goods and Service Tax Registration No: 27AABCL5045N1ZB . Goods and Service Tax for this invoice is not payable under reverse charge basis.		
Branch : LEELA BUSINESS PARK, 6TH FLR, ANDHERI - KURLA RD, MUMBAI, 400059. Phone No. : +91-22-56383600		

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.

Agent Name :HDFC BANK LTD

Agent Code :200854080601 Tel No. :91-22-28561818

Duly Constituted Attorney

Please refer Policy wordings for all the standard coverage offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this policy schedule. For any clarification please call our toll free number.

HDFC ERGO General Insurance Company Limited

GENERAL EXCLUSION

The Company shall not be liable to pay any benefit in respect of any Insured Person:

- 1) Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.
- 2) Any Medical Expenses Incurred, the need of which arises out of a Pre existing Condition
- 3) Any Medical Expenses incurred within the territorial limits that are not stated in the Schedule.
- 4) Exclusions Applicable to Bodily Injury or Sickness
 - i. occasioned by Civil War or Foreign War.
 - ii. caused or provoked intentionally by the Insured.
 - iii. due to wilful or deliberate exposure to danger, (except in an attempt to save human life), Intentional self-inflicted injury, suicide or attempt thereof, or arising out of non-adherence to medical advice.
 - iv. sustained or suffered whilst the Insured is or as a result of the Insured being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.
 - v. due to a gradually operating cause.
 - vi. sustained whilst or as a result of participating in any sport as a professional player.
 - vii. sustained whilst or as a result of participating in any competition involving the utilisation of a motorised land, water or air vehicle.
 - viii. sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.
 - ix. whilst the Insured is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
 - x. whilst or as a result of participating in any criminal act.
 - xi. caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or condition including derivatives or variations thereof howsoever acquired or caused.
 - xii. caused by or arising from or due to venereal or venereal related disease.
 - xiii. sustained whilst or as a result of engaging in, practising for or taking part in training peculiar to any kind of violent labour disturbance, riot or civil commotion or public disorder.
 - xiv. sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization, notwithstanding that the Bodily Injury occurred whilst the Insured was on leave or not in uniform.
- 5) For treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity.
- 6) Any pathological fracture.
- 7) For cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).
- 8) For investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
- 9) For Bodily Injury sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hanggliding, parasailing, off-piste skiing or bungee jumping.

CLAIMS PROVISIONS

Please find below the Claim Procedure information for your kind perusal.

1. Notification to HDFC ERGO Medical Assistance. In case of medical hospitalization, please call and notify us at the 24 hours help center on toll free +800 08250825 and Land line +91-120-4507250 (chargeable), Fax on +91-120-6691600 immediately. It is important to notify us before seeking any medical consultation (unless it is an accident/emergency).
2. Policy Excess. For medical sickness/accident (OPD or hospitalization) there is a policy excess of USD 100(deductible) which the Insured will have to self-pay and this amount cannot be claimed. This implies for any claim the first USD100 are to be borne by the insured.
3. Outpatient Consultation
 - a. For outpatient consultation(s), the Insured will have to self-pay and file the claim directly with the Claims Department upon return to India at the address below.
 - b. The list of documents required to be submitted for a claim
 - i. Claim Form with Section B and Section D signed by the treating doctor.
 - ii. Doctor's medical report in original and prescriptions.
 - iii. Original X-ray report, pathological and investigative reports.
 - iv. Original bills and receipts of payments.
 - v. Copy of passport, visa with entry and exit stamp.
 - c. If any hospital does not provide a bill to you for the treatment /service rendered, please inform us BEFORE you leave the hospital. If the hospital insists that they will send the bills and claim directly from the Insurance Company, please inform them that HDFC ERGO shall not entertain any such requests from them. Claims must be filed directly by the insured with the HDFC ERGO claims department. Please retain a copy of the documents sent for your records.
4. Hospitalization
 - a. If during the OPD consultation or otherwise the insured gets hospitalized, please call and notify us at the 24 hours help center on toll free +800 08250825 and Land line +91-120-4507250 (chargeable) immediately.
 - b. When the Insured is admitted to a hospital, the Insurance medical assistance department will discuss your medical condition with the treating doctor. If it is confirmed that the admission to a hospital is NOT due to any pre-existing conditions or any exclusion listed in the policy, then the Insurance Company shall settle the payments directly with the hospital.
 - c. In order to expedite processing of the claim you must send the following documents immediately by fax on +91-120-6691600 or scan and email to us at travelclaims@hdfcergo.com
Signed Claim Form, Section C and Section D signed by the Treating Doctor.
Name, address and contact details of the Local/ Family Medical Doctor in India.
Signed copy of the RELEASE OF MEDICAL INFORMATION FORM (ROMIF) to authorize your Treating Doctor and Local Medical Doctor in India to release your medical information to the Insurance Medical assistance Department.
Treating Doctor's medical report
Estimated medical expenses (if known).
Date of Travel from India
Copy of passport, visa with entry and exit stamp.
 - d. Your prompt submission of the above documents will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby expediting the claims process.
 - i. The Claim Form for OPD and hospitalization is attached for your use. HDFC ERGO may if required confirm the bona fides of the Insured with the employer. For this purpose we will require the employer to share the list of staff travelling and also provide us with contact details of at least two personnel of the company in case we need to verify any information.
5. Delay of Checked Baggage
All the reimbursement claims are payable subject to submission of bills and payment receipts.

All decisions to settle claim payments are made by HDFC ERGO.

HDFC ERGO General Insurance Company Limited

Proposal No. 2924 1006 0706 9700 000



Travel Insurance - Proposal Form For Student Suraksha Overseas Travel

Proposer Name	MR. SANTOSH PANDEY		Sponsor Name	CAPT SANTOSH PANDEY	Proposer DOB	16/02/1970
Correspondence Address	1A-112, GODAVARI, KALPATARU RIVERSIDE CHS, OLD MUMBAI-PUNE HIGHWAY, TAKKA, RAIGAD, MAHARASHTRA, 410206		Permanent Address	OLD MUMBAI-PUNE HIGHWAY, TAKKA, OPPOSITE PANCHMUKHI MARUTI, RAIGAD, MAHARASHTRA, 410206		
Mobile	9820686834	Phone	E Mail	CAPTSPANDEY@GMAIL.COM		Overseas Ph. No.
Physician Name	Physician Mobile No.					
Insurance Plan	Gold-Inc USA / Canada (Worldwide)		Operative Time*	Mention Below		
University Name	Syracuse University			Countries of Visit	UNITED STATES OF AMERICA	
Period of Insurance	From Date & Time	18/05/2019 00:01 hrs	To Date & Time	07/07/2019 Midnight		

*Operative Time: A trip outside the territorial limits of the country of residence. The insurance starts from the time an Insured Person leaves the territorial limits of the country of residence, and ends when an Insured Person returns to the territorial limits of the country of residence.

Insured Person's Details & Sum Insured

Insured's Name	Category	Gender	Date of Birth	Passport No.	Nominee Name	Relationship
SHIVAM PANDEY	Son	MALE	18/09/1997	Z3616772	CAPT SANTOSH PANDEY	Father

Premium Details (₹)

Basic Premium	5,537.00
Loadings	0.00
GST 18% : Central Tax 9% (₹498.5) + State Tax 9% (₹498.5)	997.00
Total Premium	6,534.00

Payment Details

Cheque No/DD/Fund Transfer	Date	Bank Name
1421905042977	15/05/2019	Bizdirect

Agent Name :HDFC BANK LTD

Agent Code :200854080601 Tel No. :91-22-28561818

Proposer declaration

DECLARATION ON BEHALF OF ALL PERSONS TO BE INSURED : I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

Anti rebate clause

Prohibition of Rebates (Section 41 of Insurance Act, 1938 as amended) : 1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees..



February 24, 2019

Shivam Pandey
Flat 112, Building 1A, Kalpataru Riverside CHSL, Opposite Panchmukhi Maruti
Old Mumbai-Pune Highway, Panvel
Navi Mumbai, Maharashtra, INDIA 410206

Dear Mr. Pandy:

We wish to extend you a warm welcome to Syracuse University on behalf of the Slutzker Center for International Services (SCIS). We are pleased to learn from the Department of Electrical Engineering and Computer Science that you are planning to come to Syracuse University as a Student Intern. Our office is responsible for providing orientation to all J-1 Exchange Visitors, advising on immigration issues related to your J status, and for keeping accurate records in the U.S. Government database ("SEVIS") system.

Enclosed please find the following materials:

- **Form DS-2019.** Please review the entire DS-2019 to ensure that all information is accurate. Verify that the program dates are correct (item 3) and that the name indicated in item 1 is the same as it appears on your/your dependent's passport. If all of the information is accurate, please sign the bottom of the document. If any of the information appears incorrect or if you will be unable to arrive by the date on the DS-2019 form, please contact the Slutzker Center immediately at lecsis@syr.edu.
- **Training/Internship Placement Plan (Form DS-7002).** Please review and sign this form in the area marked "Trainee/Intern Signature" in the Certifications section on page 1. Please make a copy of the signed form and bring it with you to the U.S. You will need to present the original form to the U.S. Consulate when you apply for your visa (Note: Canadians do not require a visa, but may need to present this form at the border).
- **Exchange Visitor Program Welcome Brochure from the Department of State.**
- **SEVIS Fee Information.** The SEVIS Fee is required of all J-1s (even for Canadians). Please see the yellow sheet of paper included in this packet or go to <https://www.fmjfee.com/i901fee/>. See also, <https://www.fmjfee.com/i901fee/students/student/help.htm>.
- **Health Insurance Information.** Under federal regulation, you MUST have adequate health insurance to keep your J status in the U.S. You will be required to offer evidence of the health insurance coverage at our office before we can "register" your SEVIS record. Please read carefully the list of minimum requirements for health insurance coverage (see green paper). Additional information available <http://exchanges.state.gov/education/exchanges/administration.htm#insurance>.

Slutzker Center for International Services

310 Walnut Place, Syracuse, New York 13244

T 315.443.2457 F 315.443.3091 international.syr.edu

- **Two-Year Home Residency Requirement Information.** You may be subject to a two-year home residency requirement as a result of your participation in the exchange visitor program and as a result of your stay in the U.S. For important information about this requirement, please see http://travel.state.gov/visa/temp/types/types_1267.html#12

OBTAINING YOUR J VISA:

- Your J-1 SEVIS Number is **N0030281415** and Syracuse University's Exchange Visitor Program Number is **P-1-00245**; you will need this information to set up your visa appointment and pay the SEVIS Fee.
- All J-1 exchange visitors, except Canadian citizens, must obtain a J-1 entry visa at a U.S. Consulate outside the United States. You will need to present your SEVIS fee receipt, DS-2019, DS-7002, passport, and financial documentation to the visa officer at the U.S. Consulate, as well as to the U.S. Immigration official upon entry to the U.S. Enclosed with this letter are the instructions and website information on the visa application process.

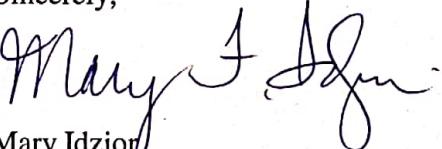
IMPORTANT – CHECK-IN WITH SCIS AFTER YOUR ARRIVAL:

- **All J-1 interns are required to report to the Slutzker Center within 30 days of the beginning date of the J program indicated on your DS-2019 in order to comply with the J-1 regulations. You must therefore schedule an intake appointment with Mary Idzior by calling 315-443-2457 or emailing midzior@syr.edu.** Please schedule an appointment either before you leave your home country or as soon as you arrive in the U.S. Please bring the following documents to your intake appointment: DS-2019, passport, I-94 card, visa (if necessary), copy of form DS-7002, social security card (if you have one), and proof of health insurance (if purchased already).

We strongly encourage you to utilize the Slutzker Center as a resource to help you maintain immigration status throughout the duration of your program/appointment; please note, however, that maintaining immigration status is ultimately your responsibility.

Please review the enclosed information. If you have any questions or anything appears to be missing, please contact our office immediately at lescis@syr.edu or at 315-443-2457.

Sincerely,



Mary Idzior
Associate Director

Enclosures

cc: Chilukuri Mohan, Electrical Engineering and Computer Science



U.S. Department of State

Training/Internship Placement Plan

*OMB APPROVAL NO. 1405-0170
EXPIRATION DATE: 1/31/2021
ESTIMATED BURDEN: 1.5 HOURS

Exchange Visitor (surname/primary, given name)

PANDEY, Shivam	SEVIS ID: N0030281415
Email Address: pshivam97@gmail.com	Program Sponsor: Syracuse University
Category: STUDENT INTERN	Program Number: P-1-00245
Occupational Category:	Training/Internship Dates: 05/13/2019 - 07/03/2019

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (e.g. classes, individual instruction, shadowing). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 3 and 4 must be completed for each phase if applicable (e.g.; if the trainee/intern is rotating through different departments).

Host Organization

Host Organization Name: Syracuse University

Address: 206 CENTER FOR SCIENCE TECHNOLOGY,
SYRACUSE, NY 13244

Phase Name: Internship

Phase 1 of 1

Training/Internship Field: Computer Science

Start Date: 05/13/2019

End Date: 07/03/2019

Supervisor: Mohan, Chilukuri
Professor
mohan@syr.edu
315-443-2322

Description of Trainee/Intern's role for this Program or Phase

The intern will study research papers, develop algorithms, implement algorithms, test algorithms, analyze results and write a research paper.

Specific Goals and Objectives for this Program or Phase

Conduct research on constrained multi-objective evolutionary algorithms.

Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

Professor Chilukuri K. Mohan will provide daily supervision of the Intern. Professor Mohan has a Ph.D. in Computer Science from the State University of New York at Stony Brook and has been a faculty member at Syracuse University since 1988 where he has also served as Department Chair and Interim Dean. He has authored three books and over two hundred research papers, many of which have been in the research area of Neural Networks and Evolutionary Algorithms. He has supervised several summer research interns over the past thirty years, most of whom have gone on to graduate studies at prestigious institutions.

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

The Intern will be encouraged to participate in any and all cultural activity offerings at the University and in the community.

What specific knowledge, skills, or techniques will be learned?

The Intern will learn research methods and their application, particularly in the research area of evolutionary algorithms. These include developing analytical skills, creating new algorithms, writing computer programs, and writing publishable research papers.

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/or methodology of training and chronology/syllabus (Trainees).

Frequent research meetings with the supervisor. Evaluation of algorithms, programs and research reports by the supervisor.

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

A peer-reviewed research paper will be expected as the output of the work done in the summer, publishable in a reputable conference or a journal.

Additional Phase Remarks

Certifications

Phase Supervisor I certify that:

- I have reviewed, understand, and will follow this Training/Internship Placement Plan (TIPP);

Exchange Visitor (surname/primary, given name)

PANDEY, Shivam

SEVIS ID: N0030281415

2. I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training delineated on this T/IPP;
3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (see 22 CFR Part 62);
4. The Trainee or Intern named in this T/IPP will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labor need;
5. I will conduct the required periodic evaluations of the Trainee or Intern named in this T/IPP;
6. I will notify the designated Sponsor contact at the earliest available opportunity regarding any concerns about, changes in, or deviations from this T/IPP;
7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
8. I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;
9. I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;
10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
11. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Chilukuri K. Mohan

Signature of Mohan, Chilukuri

2/25/2019
Date: _____
mm/dd/yyyy



U.S. Department of State

Training/Internship Placement Plan

*OMB APPROVAL NO. 1405-0170
EXPIRATION DATE: 1/31/2021
ESTIMATED BURDEN: 1.5 HOURS

Exchange Visitor (surname/primary, given name)

PANDEY, Shivam
Email Address: pshivam97@gmail.com
Category: STUDENT INTERN
Occupational Category:

SEVIS ID: N0030281415
Program Sponsor: Syracuse University
Program Number: P-1-00245
Training/Internship Dates: 05/13/2019 - 07/03/2019

Additional Participant Details

Current Field of Computer Science and Engineering
Study/Profession:
Experience in Field: 0 years

Type of Degree or Certificate: Bachelors
Date Awarded or Expected: 08/31/2020

Host Organization

Phases: 1

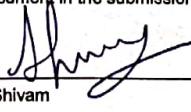
Host Organization Name: Syracuse University
Address: 206 CENTER FOR SCIENCE
TECHNOLOGY, SYRACUSE, NY 13244
Number of FT Employees 3279
Onsite at Location:
Annual Revenue: \$25 Million or More
Website URL: www.syr.edu
Main Program Mohan, Chilukuri K.
Supervisor/POC: Professor
mohan@syr.edu
Phone: 315-443-2322
Fax: 315-442-2583

Employer ID Number: 150532081
Worker's Comp Policy: Yes, Aetna
Worker's Comp for Exchange Visitor: No, exempt
Exchange Visitor Hours per week: 40
Stipend: No
Non-Monetary Compensation Value:

Certifications

Trainee/Intern I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in this T/IPP and not simply to engage in labor or work within the United States.
3. I understand that the intent of the Exchange Visitor Program is to allow me to enhance my skills and gain exposure to U.S. culture and business in a way that will be useful to me when I return home upon completion of my program.
4. I understand that my internship/training will take place only at the organization listed on this T/IPP and that working at another organization while on the Exchange Visitor Program is prohibited.
5. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
6. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
7. I will follow all of my sponsor's guidelines required for my participation in my program.
8. I will contact the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest possible opportunity if I believe that my sponsor or supervisor (as set forth on page 3, section 4), is not providing me with a legitimate internship or training, as delineated on my T/IPP; and
9. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.


Signature of PANDEY, Shivam

Date: 03/20/2019

mm/dd/yyyy

Exchange Visitor (surname/primary, given name)

PANDEY, Shivam

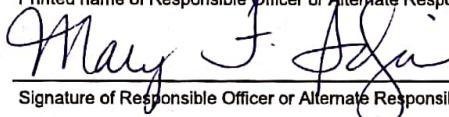
SEVIS ID: N0030281415

Sponsor

1. I have reviewed, understand, and will ensure that the Supervisor (as set forth on page 3, section 4) follows this Training/Internship Placement Plan (T/IPP) regarding the Trainee or Intern listed above;
2. I will notify the designated U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest available opportunity regarding any concerns about, changes in, or deviations from this Training/Internship Placement Plan (T/IPP), including, but not limited to, changes of Supervisor or host organization;
3. I will adhere to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), including, but are not limited to, the following:
 - a. I will ensure that the Trainee or Intern named in this T/IPP receives continuous on-site supervision and mentoring by experienced and knowledgeable staff;
 - b. I have confirmed with the Supervisor or host organization representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program set forth in this T/IPP;
 - c. I will ensure that the Trainee or Intern named in this T/IPP obtains skills, knowledge, and competencies through structured and guided activities such as classroom training, seminars, rotation through several departments, on-the-job training, attendance at conferences, and similar learning activities, as appropriate in specific circumstances;
 - d. I will ensure that the Trainee or Intern named in this T/IPP does not displace full-or part-time temporary or permanent American workers or serve to fill a labor needed and ensure that the position that the Trainee or Intern fills exists primarily to assist the Trainee or Intern in achieving the objectives of his or her participation in this training or internship program;
 - e. I certify that this training or internship meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.). I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.)
 - f. I will notify the Department of State if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsors exchange visitor program into notoriety or disrepute; and
 - g. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Mary Idzior, Associate Director

Printed name of Responsible Officer or Alternate Responsible Officer



Date:

mm/dd/yyyy

2/24/2019

Signature of Responsible Officer or Alternate Responsible Officer

Syracuse University

Name of Sponsor Organization

P-1-00245

Program Number

Privacy Act Statement

AUTHORITIES: The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (the Fulbright-Hays Act)(22 U.S.C. 2452) which provides for the administration of the Exchange Visitor Program (J visa).

PURPOSE: The information solicited on this form will be used to provide clarity of training and intern programs offered by entities designated by the U.S. Department of State to conduct exchange visitor programs; for general statistical use; and to administer the Trainee and Intern categories of the Exchange Visitor Program.

ROUTINE USES: The information on this form may be shared with entities administering the program on behalf of the Department; federal, state, local, or foreign government entities for law enforcement purposes; to members of Congress in response to a request on your behalf . More information on the Routine Uses for the system can be found in the System of Records Notice State-08, Educational and Cultural Exchange Program Records.

DISCLOSURE: Participation in this program is voluntary; however, failure to provide the information may delay or prevent participation in the Exchange Visitor Program.

Paper Work Reduction Act

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/EC, SA-5, fifth Floor, U.S. Department of State, Washington, DC 20522.

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119
 EXPIRES: 10/31/2020
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2



1. Surname/Primary Name: PANDEY Given Name: Shivam Gender: MALE N0030281415			
Date of Birth (mm-dd-yyyy): 09-18-1997 City of Birth: Ghaziabad Country of Birth: INDIA Citizenship Country Code: IN Citizenship Country: INDIA			
Legal Permanent Residence Country Code: IN Legal Permanent Residence Country: INDIA Position Code: 215 Position: UNIVERSITY UNDERGRADUATE STUDENTS			
Primary Site of Activity: Syracuse University 206 CENTER FOR SCIENCE TECHNOLOGY Department of Electrical Engineering & Computer Science SYRACUSE, NY 13244-0001			
2. Program Sponsor: Syracuse University Program Number: P-1-00245			
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE			
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.			
3. Form Covers Period: From (mm-dd-yyyy): 05-13-2019 To (mm-dd-yyyy): 07-03-2019		4. Exchange Visitor Category: STUDENT INTERN Subject/Field Code: 14.1001 Subject/Field Code Remarks: Student Intern in the Department of Electrical Engineering and Computer Science	
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Father: Capt. Santosh Pandey : \$2,400.00 Total : \$2,400.00			
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.		7. Mary Idzior Name of Official Preparing Form: Slutzker Center for International Services 310 Walnut Place Syracuse, NY 13244 Address of Responsible Officer or Alternate Responsible Officer: <i>Mary J. Idzior</i> Signature of Responsible Officer or Alternate Responsible Officer: Date (mm-dd-yyyy): 02-24-2019 Title: Responsible Officer Telephone Number: 315-443-2457 Date (mm-dd-yyyy): 02-24-2019	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.			
Signature of Responsible Officer or Alternate Responsible Officer: <i>[Signature]</i>		Date (mm-dd-yyyy) of Signature: [Date]	
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).			
The Exchange Visitor in the above program:			
1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended			
<small>(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)</small>			
<div style="text-align: center;"> Daniele Faieta Vice Consul United States of America </div>			
<div style="text-align: center;"> Name: _____ Title: _____ Date (mm-dd-yyyy): 05/08/19 </div>			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).			
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.			
Signature of Applicant: _____		Place: _____	
Date (mm-dd-yyyy): _____			



APPLICATION FOR RENTAL

PROPOSED PROPERTY INFORMATION

PROPERTY ADDRESS	321 WESTCOTT STREET	APARTMENT NUMBER	4
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APPLICANT INFORMATION

LAST NAME PANDEY	FIRST NAME SHIVAM	SSN or PASPORT# Z3616772	DRIVER'S LICENSE #	STATE ISSUED
BIRTH DATE 18/09/1997	HOME PHONE ()	CELL PHONE (+91) 7977 151792	EMAIL shivam.pandey.16001@iitgoa.ac.in	

PARENTS INFORMATION

MOTHER'S NAME PRATIBHA PANDEY	ADDRESS 1A/112, KALPATARU RIVERSIDE, TAKKA, PANVEL	PHONE 9892216302
FATHER'S NAME CAPT. SANTOSH PANDEY	ADDRESS 1A/112, KALPATARU RIVERSIDE, TAKKA, PANVEL	PHONE 9820686834

CURRENT ADDRESS

STREET ADDRESS 1A/112, KALPATARU RIVERSIDE CHS, PANVEL, NAVI MUMBAI, MAHARASHTRA	CITY NAVIM	STATE MAHARASHTRA	ZIP 410206
DATE IN N/A	DATE OUT N/A	LANDLORD NAME N/A	LANDLORD PHONE () N/A
MONTHLY RENT \$ N/A	REASON FOR LEAVING INTERNSHIP (45 DAYS) AT SYRACUSE UNIVERSITY		

STUDENT INFORMATION

WHAT COLLEGE DO YOU ATTEND? INDIAN INSTITUTE OF TECHNOLOGY GOA	CURRENT YEAR OR STATUS THIRD YEAR STUDENT (3 yrs completed)
BEGIN DATE	END DATE

I the undersigned, authorize University Hill Apartments, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history and landlord/tenant court record search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential.

NOTE: Please provide a copy of Driver's License or Passport with this application.

SIGNATURE

DATE

16/05/2019

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम/ Name
SHIVAM PANDEY

पिता का नाम/ Father's Name
SANTOSH PANDEY

जन्म की तारीख/ Date of Birth
18/09/1997

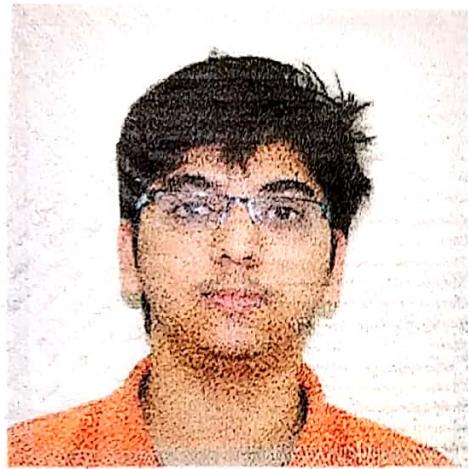
DWBPP5041L

हस्ताक्षर/ Signature



05072017

भारत गणराज्य REPUBLIC OF INDIA



टाइप / Type P	राष्ट्र कोड / Country Code IND	पासपोर्ट नं. / Passport No. Z3616772
उपनाम / Surname PANDEY	दिया गया नाम / Given Name(s) SHIVAM	जन्म तिथि / Date of Birth 18/09/1997
राष्ट्रीयता / Nationality INDIAN	लिंग / Sex M	जारी करने का स्थान / Place of Issue THANE
जन्म स्थान / Place of Birth GHAZIABAD, UTTAR PRADESH	जारी करने की तिथि / Date of Issue 14/01/2016	धैर्यता तिथि / Date of Expiry 13/01/2026

P<INDPANDEY<<SHIVAM<<<<<<<<<<<<<<<<<<<<
Z3616772<7IND9709188M2601135<<<<<<<<<<<<<<<4

पिता / कानूनी अभिभावक का नाम / Name of Father / Legal Guardian

SANTOSH PANDEY



Z3616772

माता का नाम / Name of Mother

PRATIBHA PANDEY

पति या पत्नी का नाम / Name of Spouse

पता / Address

FLAT 112 BLDG 1A, KALPATARU RIVERSIDE CHSL

OPP PANCHMUKHI MARUTI, PANVEL, NAVI MUMBAI

PIN: 410206, MAHARASHTRA, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

H4189314

16/03/2009

MUMBAI

फाईल नं. / File No.

TH2079465168415

VISA

UNITED STATES
OF AMERICA

Issuing Post Name

MUMBAI (BOMBAY)

Control Number

20191271890004

Surname

PANDEY

to form

Given Name

SHIVAM

Visa Type /Class

R J1

Passport Number

Z3616772

Sex

M

Birth Date

18SEP1997

Nationality

IND

Entries

M

Issue Date

09MAY2019

Expiration Date

03JUL2019

1010

Annotation

N0030281415; P-1-00245; 05-13-2019/07-03-2019

N8148244

SYRACUSE UNIVERSITY

BEARER IS SUBJECT TO SECTION 212(E)

TWO YEAR RULE DOES APPLY (INDIA)

VNUSAPANDEY<<SHIVAM<<<<<<<<<<<<<<<<<

Z3616772<7IND9709188M1907036J1BMB1S0WZ852212



सत्यमेव जयते

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No : MH46 20170004945
Valid Till : 05-07-2037 (NT)

DOI : 06-07-2017

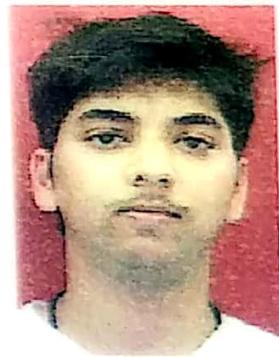
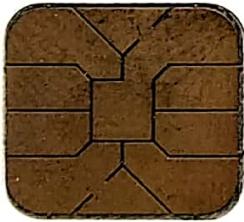


FORM 7
RULE 16 (2)

06-07-2017

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA

COV DOI
LMV 06-07-2017



DOB : 18-09-1997 BG : B+



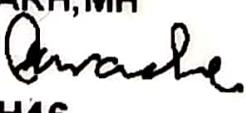
Name : SHIVAM PANDEY

S/D/W of : SANTOSH PANDEY

Add : 1A-112 GODAVARI KALPATARU RIVERSIDE CHSL
OLD MUMBAI PUNE HIGHWAY

PANVEL (M CL), RAIGARH, MH

PIN : 410206

Signature & ID of
Issuing Authority :  MH46


Signature/Thumb
Impression of Holder

IIT GOA

परचिय पत्र
Identity Card

छात्र-बी टेक / Student-B.Tech



Shivam Santosh Pandey

Computer Science

Roll No.: 160010003

भारतीय तंत्रगिन्धान संस्था गोंय

फोंडा, गोंय - ४०३ ४०१

Indian Institute of Technology Goa.

Ponda, Goa - 403 401

दूरभाष / Telephone : 0832-2490888

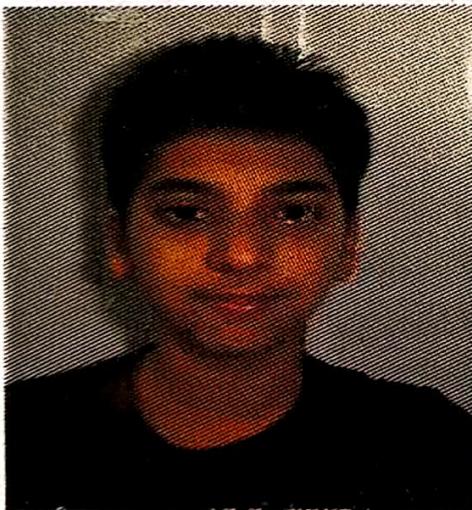
वैध / Valid up to : 31/07/2020





भारत सरकार

GOVERNMENT OF INDIA

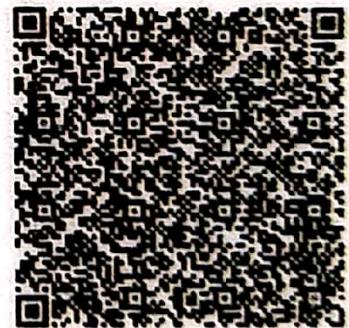


शिवम पांडेय

Shivam Pandey

जन्म तारीख/ DOB: 18/09/1997

पुरुष / MALE



2451 0168 6331



मारतीय विशिष्ट पहचान प्राप्तिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O संतोष पांडे, 1ए-112,
कल्पतरु रिवेस्डि
सीएचएसएल, ओल्ड मुंबई^१
पुणे हाइवे, पंचमुखी मारुती
समोर, टाक्का, पनवेल,
रायगड़,
महाराष्ट्र - 410206

Address:

S/O,Santosh Pandey, 1a-112,
Kalpataru Riverside Chsl, Old
Mumbai Pune Highway, Opp
Panchmukhi Maruti, Takka, Panvel,
Raigarh,
Maharashtra - 410206

2451 0168 6331



University Hill APARTMENTS

SUBLEASE AGREEMENT

This is an agreement to sublet real property according to the terms specified below. The sub-lessor agrees to sublet and the subtenant agrees to take the premises described below. Both parties agree to keep, perform and fulfill the promises, conditions and agreements below:

1. The sublessor is: ADITI SHRIVASTAVA

2. The subtenant is: SHIVAM PANDEY

3. The location of the premises is: 321 Westcott Street City of Syracuse, NY. Unit No. Apt -4

4. The term of this sublease is 45 days, beginning 19th May, 2019.

The rent is \$ 700 per month, payable in advance on the 1st day of each month. The rent is payable to Aditi Shrivastava at (address) 321 Westcott street, Apt -4.

5. The sublease agreement will terminate on (date) 5th July 2019. There shall be no holding over under the terms of this sublease agreement under any circumstances.

6. All charges for utilities connected with premises which are to be paid by the sub-lessor under the master lease shall be paid by the subtenant for the term of this sublease.

7. Subtenant agrees to surrender and deliver to the sub-lessor the premises and all furniture and decorations within the premises in as good a condition as they were at the beginning of the term, reasonable wear and tear excepted. The subtenant will be liable to the sub-lessor for any damages occurring to the premises or the contents thereof or to the building which are done by the subtenant or his guests.

8. Subtenant agrees to pay to sublessor a deposit of \$ N/A to cover damages and cleaning. Sublessor agrees that if the premises and contents thereof are returned to him/her in the same condition as when received by the subtenant, reasonable wear and tear thereof excepted, (s)he will refund to the subtenant \$ N/A at the end of the term, or within 30 days thereafter. Any reason for retaining a portion of the deposit shall be explained in writing within 30 days to the subtenant.

9. This sublease agreement incorporates and is subject to the original lease agreement between the sublessor and his lessor, a copy of which is attached hereto, and which is hereby referred to and incorporated as if it were set out here at length. The subtenant agrees to assume all of the obligations

and responsibilities of the sublessor under the original lease for the duration of the sublease agreement. 211. In the event of any legal action concerning this sublease, the losing party shall pay to the prevailing party reasonable attorney's fees and court costs to be fixed by the court wherein such judgment shall be entered.

12. Other The rent for 45 days will be \$ 700 payed at once. No additional deposit required.

Any damage done - 100 \$ fine !!!

13.

This lease constitutes the sole agreement between the parties, and no additions, deletions or modifications may be accomplished without the written consent of both parties (ANY ORAL REPRESENTATIONS MADE AT THE TIME OF EXECUTING THIS LEASE ARE NOT LEGALLY VALID AND, THEREFORE, ARE NOT BINDING UPON EITHER PARTY).

14. The words "sublessor" and "subtenant" as used herein include the plural as well as the singular; no regard for gender is intended by the language in this sublease.

15. If the subtenant is under 18 years of age, then his/her legal guardian or parent guarantees and agrees to perform all of the terms, covenants and conditions of this sublease by affixing his signature below.

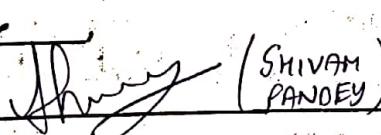
16. Each signatory to this sublease acknowledges receipt of an executed copy thereof.

17. This sublease is not binding upon either party unless approved by the landlord as provided below.

18. The parties hereby bind themselves to this agreement by their signatures affixed below on this

18 day of May

20. SUBTENANT

 (SHIVAM PANDEY)

SUBLESSOR



(Parent/guardian if subtenant is under 18 years of age). I hereby give my consent to subletting of the above-described premises as set out in this sublease agreement. Date:

Landlord/Agent University Hill Apt ORIGINAL
LEASE ATTACHED: Yes No INVENTORY CHECKLIST ATTACHED: Yes No