

Application to Register Permanent Residence or **Adjust Status**

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-485 OMB No. 1615-0023 Expires 10/31/2027

				F	or USCIS Use Only				
Prefe	erence Category:				Receipt		Action Block		
Cour	ntry Chargeable:								
Prior	rity Date:								
Date	Form I-693 Signed By Civ	vil Surgeon:							
	Applicant ☐ Intervie	ew			Section of Law				
	Interviewed Waived	i I	☐ INA 209(
			☐ INA 209(☐ INA 245(
	vful Permanent	1 '	☐ INA 245(
1	Resident as of: INA 24		☐ INA 245(. /	☐ Other				
		To be com	inleted by	an A	Attorney or Accredited Repres	sentati	ive (if any).		
	Colort this how if	1		an z	-		•		
	Select this box if Form G-28 is	Volag Num (if any)	iber		Attorney State Bar Number (if applicable)		orney or Accredited Representative CIS Online Account Number (if any)		
	attached.								
•	START HERE - Typ	e or print in	black ink.		A-1	Numbe	er > A- 2 4		
For		lication, if you	u need to p	rović			structed to provide an explanation, use		
Pai	rt 1. Information	About You	(Person	app	lying for lawful permanen	t resid	lence)		
1.	Your Current Legal 1		`		1		/		
••	Family Name (Last N		-		n Name (First Name)		Middle Name (if applicable)		
	Saha	· varie)			nag Kumar		Windie Ivanie (ii applicable)		
2.	Other Names You Ha	ove Used Sinc	na Rirth (if						
4.			•	• •	•	.1			
	assumed names.	nes you have e	ever used,	ınclu	ding your family name at birth,	other	legal names, nicknames, aliases, and		
	Family Name (Last N	Name)		Give	en Name (First Name)		Middle Name (if applicable)		
3.	Date of Birth (mm/do	d/yyyy)	/1991						
	Have you ever used a	any other date	of birth?			Yes X No			
Have you ever used any other date of birth? If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).									

A-Number ► A -					
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Pai	t 1. Information About You (Person applying for lawful permanent residence) (continued	l)		
4.	Do you have an Alien Registration Number (A-Number)?	X Yes		No
	If you answered "Yes," provide your A-Number.			
	A-Number (if any) ► A- 2 4			
5.	Have you ever used, or been assigned, any other A-Number?	Yes	X	No
	If you answered "Yes," provide the A-Numbers.			
6.	Sex Male Female			
7.	Place of Birth			
	City or Town of Birth Country of Birth			
	Netrokona Bangladesh			
8.	Country of Citizenship or Nationality			
	Bangladesh			
9.	USCIS Online Account Number (if any)			
	If one has been assigned, you can find it on a notice that USCIS may have sent to you.			
10.	Recent Immigration History			
	If you last entered the United States using a passport or travel document, provide the following information.			
	Passport or Travel Document Number Used at Last Arrival B			
	Expiration Date of this Passport or Travel Document (mm/dd/yyyy) /2030			
	Country that Issued this Passport or Travel Document Bangladesh			
	Nonimmigrant Visa Number Used During Most Recent Arrival (if any)			
	Date Nonimmigrant Visa Was Issued (mm/dd/yyyy) 2021			
	Place and Date of Last Arrival into the United States			
	City or Town State Date of Last Arrival (mm/dd/yyy	<u>y)</u>		
	Miami FL /2022			
11.	When I last arrived in the United States:			
	I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary wo	rker, stude	nt):	
	F1 STUDENT			
	I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):			
	☐ I came into the United States without admission or parole.			
	Other:			

	1					
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Part 1	Information	About Vou	(Percon	applying for	lawful	nermanent	recidence)	(continued)	
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2.	If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:											
	Family Name (Last Name)	Given N	ame (First Name)									
	Saha	Sohag	Kumar									
	Form I-94 Arrival/Departure Record Number 8 9											
	Expiration Date of Authorized Stay Shown on Form I-94 (mm/s or Type or Print "D/S" for Duration of Status	dd/yyyy)	D/S									
	Immigration Status on Form I-94 (for example, class of admission paroled, if paroled)	ion,	F1 STUDENT									
3.	Was your last arrival the first time you were physically present	in the Un	ited States?		☐ Yes 🕱 No							
1.	What is your current immigration status (if it has changed since	your last	arrival)? F1 (s	ame as arri	val)							
5.	Expiration Date of Current Immigration Status (mm/dd/yyyy) o Print "D/S" for Duration of Status	or Type or	D/S									
5.	Have you ever been issued an "alien crewman" visa?				Yes X No							
7.	Did you last arrive in the United States to join a vessel as a sear capacity aboard a vessel or aircraft?	nan or cre	ewman, or while ser	rving in any	Yes No							
3.	Addresses											
	Current U.S. Physical Address											
	In Care Of Name (if any)			_								
	Street Number and Name			Apt. Ste. Flr.	Number							
	Ave											
	City or Town			State	ZIP Code							
	Cookeville			TN	38501							
	Date You First Resided at This Address (mm/dd/yyyy)	/2022										
	Is this your current mailing address?				X Yes No							
	If you answered "No," provide your current mailing address.											
	Current Mailing Address (Safe or Alternate Mailing Addres	Current Mailing Address (Safe or Alternate Mailing Address, if applicable)										
	In Care Of Name (if any)			٦								
	Street Number and Name			Apt. Ste. Flr.	Number							
	Succe remote and reame			Apt. Stc. 141.	Tullioci							
	City or Town			State	ZIP Code							

				A-Number ► A	\ -				
Par	t 1. Information About You (Pers	son applying	g for lawful permane	ent residence)	(continued)				
	Have you resided at your current address	s for at least 5	years?			Yes X No			
	If you answered "No," provide your prio Information , if necessary.	r address(es) f	or the last 5 years. Use the	he space provide	d in Part 14. A	Additional			
	Prior Address								
	In Care Of Name (if any)								
	Street Number and Name				Apt. Ste. Flr.	Number			
	Ave								
	City or Town				State	ZIP Code			
	Cookeville				TN	38501			
	Province	Postal Code		Country					
		USA							
	Dates of Residence								
	From (mm/dd/yyyy) /2021		To (mm/dd/yyyy)	2022					
		1.0.							
	Most Recent Address Outside the Unit								
	Provide your most recent physical address listed above).	ss outside the	United States where you	lived for more th	nan one year (1	f not already			
	Street Number and Name				Apt. Ste. Flr. Number				
	Officer Quarter Flat								
	City or Town				State	ZIP Code			
	Ashuganj Brahmanbaria								
	Province	Postal Code		Country					
		3402		Bangladesh	h				
	Dates of Residence								
	From (mm/dd/yyyy) /2016		To (mm/dd/yyyy)	/2021					
19.	Social Security Card								
	Has the Social Security Administration (SSA) ever off	icially issued a Social Se	curity card to yo	u? [2	Yes No			
	If you answered "Yes," provide your U.S	S. Social Secur	rity Number (SSN).						
	Do you want the SSA to issue you a Soc	ial Security ca	rd?			Yes No			
	If you answered "Yes." you must also an	swer "Yes" to	the Consent for Disclos	sure below					

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as

required for the purpose of assigning me an SSN and issuing me a Social Security Card.

X Yes No

			A-Nu	mber	► A-
Par	rt 2. Application Type or Filing Cat	tegory			
1.	Are you filing for adjustment of status with in removal, exclusion, rescission, or deport		_	view (EOIR) while Yes X No
2.	Receipt Number of Underlying Petition (if	any)	Priority Date from Unde	erlying	g Petition (if any)
	LIN		(mm/dd/yyyy)	2023	3
	I am filing this Form I-485 as a (select only	y one box):			
	▼ Principal Applicant				
	Derivative Applicant (Provide the follows)	owing informat	ion about the principal appli	icant.)
	Principal Applicant's Name				
	Family Name (Last Name)	Given Name	(First Name)	N	Middle Name (if applicable)
	Saha	Sohag Ku	mar		
	Principal Applicant's A-Number (if any)	Principal App	plicant's Date of Birth		_
	► A-	(mm/dd/yyyy	1991		
3.a.	you select.): Family-based				
3.a.	Family-based				
	Immediate relative of a U.S. citizen, Form	I-130, I-129F,	or I-360 (select your specific	c cate	gory below):
	Spouse of a U.S. Citizen.				
	Unmarried child under 21 years of age	of a U.S. citize	en.		
	Parent of a U.S. citizen (if the citizen is	s at least 21 year	ars of age).		
	Person admitted to the United States as	s a fiancé(e) or	child of a fiancé(e) of a U.S	S. citiz	zen (K-1/K-2 Nonimmigrant).
	Widow or widower of a U.S. citizen.				
	Spouse, child, or parent of a deceased Authorization Act (NDAA).	U.S. active-dut	y service member in the arm	ned fo	orces under the National Defense
	Other relative of a U.S. citizen under the fa	mily-based pre	ference categories, Form I-1	130 (s	elect your specific category below):
	Unmarried son or daughter of a U.S. ci	itizen and I am	21 years of age or older.		
	Married son or daughter of a U.S. citiz	en.			
	Brother or sister of a U.S. citizen (if the	e citizen is at le	east 21 years of age).		
	Relative of a lawful permanent resident und below):	der the family-l	pased preference categories,	, Form	n I-130 (select your specific category
	Spouse of a lawful permanent resident.	•			
	Unmarried child under 21 years of age	of a lawful per	rmanent resident.		
	Unmarried son or daughter of a lawful	permanent resi	ident and I am 21 years of ag	ge or	older.
	VAWA self-petitioner (victim of battery or	extreme cruelt	y), Form I-360 (select your	speci	fic category below):
	VAWA self-petitioning spouse of a U.	S. citizen or lav	wful permanent resident.		

VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

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Part 2. Application Type or Filing Category (continued) 3.b. Employment-based Alien Investor, Form I-526 or Form I-526E Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable): Alien of Extraordinary Ability Outstanding Professor or Researcher Multinational Executive or Manager Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver) A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree) A Skilled Worker (requiring at least 2 years of specialized training or experience) Any Other Worker (requiring less than 2 years of training or experience) An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability) Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)? | N/A (I am adjusting on the basis of a Form I-140 self-petition) No Yes If you answered "Yes," is this relative your (select **only one** box): Adult Son Adult Daughter Brother Sister Father Mother Child None of These Is the relative above a: U.S. Citizen U.S. National Lawful Permanent Resident None of These 3.c. Special Immigrant Special Immigrant Juvenile, Form I-360 Certain Afghan or Iraqi National, Form I-360 or Form DS-157 Certain International Broadcaster, Form I-360 Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360 Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360 Panama Canal Zone Employees, Form I-360 Certain Physicians, Form I-360 Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884 Religious Worker, Form I-360 (select your specific category below): Minister of Religion

Other Religious Worker

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Par	t 2. Application Type or Filing Category (continued)									
3.d.	Asylee or Refugee									
	Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730									
	If you selected asylum, date you were granted asylum (mm/dd/yyyy).									
	Refugee Status (INA section 207), Form I-590 or Form I-730									
	If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).									
3.e.	Human Trafficking Victim or Crime Victim									
	Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A									
	☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929									
3.f.	Special Programs Based on Certain Public Laws									
	☐ The Cuban Adjustment Act									
	A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act									
	Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act									
	A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act									
	Lautenberg Parolees									
	Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)									
	Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429									
	Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360									
3.g.	Additional Options									
	Diversity Visa program									
	If you selected Diversity Visa program, provide your Diversity Visa Rank Number:									
	Continuous Residence in the United States Since Before January 1, 1972 ("Registry")									
	☐ Individual Born in the United States Under Diplomatic Status									
	S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)									
	Other Eligibility									
1.	If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant Category listed above in Item Numbers 3.a 3.g. as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)?									
5.	Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)?									
	NOTE: For more information to determine if you are eligible under CSPA, see the Who May File Form I-485 section of these Instructions.									

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	rt 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of INA						
	requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) use (select only one):						
1.a.	I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a meanstested public benefit.)						
1.b.	I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.						
1.c.	I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.						
1.d.	I am applying as a VAWA self-petitioner.						
1.e.	None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.						
1.f.	None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.						
Par	rt 4. Additional Information About You						
1.	Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?						
	If you answered "Yes," complete Item Numbers 2 4. below.						
2.	Location of U.S. Embassy or U.S. Consulate						
	City or Town Country						
3.	Decision (for example, approved, refused, denied, withdrawn)						
4.	Date of Decision (mm/dd/yyyy)						
5.							
5. 6.							
	·						
ъшр 7.	Ployment and Educational History Provide ALL of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your						
/ .	current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in Part 14. Additional Information .						
	Employer or School (current or most recent) Name of Employer, Company, or School						
	Tennessee Technological University Tennessee Technological University						
	Your Occupation (if unemployed or retired, so state)						

Graduate Assistant

Pai	rt 4. Additional Infor	mation Abou	t You (cont	tinued)				
	Address of Employer, Co	mpany, or Scho	ol					
	Street Number and Name						Apt. Ste. Flr.	Number
		Dr						
	City or Town						State	ZIP Code
	Cookeville						TN	38505
	Province		Postal Code			Country		
						USA		
	Dates of Employment, Un	nemployment, R	etirement, or	School A	ttendance			
	From (mm/dd/yyyy)	2021		To (mm	n/dd/yyyy)	Present		
	If unemployed or retired,	source of finance	cial support:					
8.	Provide your most recent	employer or scl	nool outside of	f the Unit	ed States (if	not already listed a	bove).	
	Name of Employer, Comp	pany, or School			Your Occi	upation (if unemploy	yed or retired, s	so state)
	Ashuganj Power St	tation Comp	any Ltd		Power :	System Engine	er as SDE o	or AE
	Address of Employer, Co	mpany, or Scho	ol					
	Street Number and Name						Apt. Ste. Flr.	Number
	Ashuganj							
	City or Town						State	ZIP Code
	Brahmanbaria							
	Province		Postal Code			Country		
			3402			Bangladesh		
	Dates of Employment, Un	nemployment, R	etirement, or	School A	ttendance			
	From (mm/dd/yyyy)	2016		To (mm	n/dd/yyyy)	/2021		
	If unemployed or retired,	source of finance	cial support:	-				
Pa	rt 5. Information Abo	out Your Par	ents					
T (D (1						
•	formation About Your	Parent 1						
1.	Parent 1's Legal Name							
	Family Name (Last Name	e)	Given Nar		Name)	Middl	e Name (if app	licable)
	Saha		Swapan	Kumar				
2.	Parent 1's Name at Birth (
	Family Name (Last Name	e)	Given Nar	me (First)	Name)	Middl	e Name (if app	licable)
3.	Date of Birth (mm/dd/yyy	yy)	1967					

Pa	rt 5. Information About Your Par	ents (continued)			
4.	Country of Birth				
	Bangladesh				
Inf	formation About Your Parent 2				
5.	Parent 2's Legal Name				
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)		
	Saha	Shefaly			
6.	Parent 2's Name at Birth (if different than	above)			
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)		
7.	Date of Birth (mm/dd/yyyy)	1975			
8.	Country of Birth				
	Bangladesh				
Pa	rt 6. Information About Your Ma	rital History			
1.	What is your current marital status?				
	Single, Never Married X Married	Divorced Widowed Marr	riage Annulled Legally Separated		
2.	If you are married, is your spouse a curre	nt member of the U.S. armed forces or	U.S. Coast Guard? N/A Yes X No		
3.	How many times have you been married	(including your current marriage, marri	iages abroad, annulled marriages, and marriages		
	to the same person)?				
Inf	formation About Your Current Mar	riage (including if you are legal	ly separated)		
4.	Current Spouse's Legal Name				
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)		
	Saha	Anamika			
5.	Current Spouse's A-Number (if any) • A-	6. Current Spouse's Date of Birth (mm/dd/yyyy)			
7.	Current Spouse's Country of Birth				
	Bangladesh				
8.	Current Spouse's Current Physical Addre	SS			
	Street Number and Name		Apt. Ste. Flr. Number		
	Ave		X D B		
	City or Town State ZIP Code				
	Cookeville		TN 38501		
	Province	Postal Code	Country		
			USA		

Par	t 6. Information About Your Marital History (continued)
9.	Place of Marriage to Current Spouse
	City or Town State or Province
	Dhaka
	Country
	Bangladesh
	Date of Marriage to Current Spouse (mm/dd/yyyy)
10.	Is your current spouse applying with you? X Yes No
Inf	ormation About Prior Marriages (if any)
11.	Prior Spouse's Legal Name (provide family name before marriage)
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
12.	Prior Spouse's Date of Birth (mm/dd/yyyy)
13.	Prior Spouse's Country of Birth 14. Prior Spouse's Country of Citizenship or Nationality
15.	Date of Marriage to Prior Spouse's (mm/dd/yyyy)
16.	Place of Marriage to Prior Spouse
	City or Town State or Province
	Country
17.	Place Where Marriage with Prior Spouse Legally Ended
	City or Town State or Province
	Country
	Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
18.	How Marriage Ended with Prior Spouse (select one):
	Annulled Divorced Spouse Deceased Other (Explain):
	Amuned Divorced Spouse Deceased Couler (Explain).

Pai	rt 7. Information About Your Children
1.	Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.
	NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.
	Provide the following information for each of your children. If you have more than two children, use the space provided in Part 14. Additional Information .
2.	Child 1
	Current Legal Name
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	A-Number (if any) ► A- Date of Birth (mm/dd/yyyy) Country of Birth
	What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)
3.	Is this child also applying now on a separate Form I-485? Child 2 Current Legal Name
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)
	Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485?

Yes No

Par	t 8. Biographic Information
1.	Ethnicity (Select only one box)
	☐ Hispanic or Latino 🔀 Not Hispanic or Latino
2.	Race (Select all applicable boxes)
	☐ American Indian or Alaska Native ☐ Black or African American
	Native Hawaiian or Other Pacific Islander White
3.	Height Feet Inches 4. Weight Pounds
5.	Eye Color (Select only one box)
6.	Hair Color (Select only one box)
	Bald (No hair) ⊠ Black Blond Brown Gray Red Sandy White Unknown/Other
Par	t 9. General Eligibility and Inadmissibility Grounds
	ose the answer that you think is correct in Part 9. If you answer "Yes" to any questions (or if you answer "No," but are unsure
•	our answer), provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information .
1.	Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world?
	If you answered "Yes" to Item Number 1. , complete Item Numbers 2 9. If you were a member of more than two organizations, use the space provided in Part 14. Additional Information .
Orga	unization 1
2.	Name of Organization
	Institute of Electrical and Electronics Engineers IEEE
3.	City or Town State or Province
	New York City
	Country
	USA
4.	Nature of Organization, including its purposes and activities, whether illicit or legitimate.
	A global organization dedicated to fostering technological innovation and excellence
	Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
	Academically involved as a Graduate Student Member to advance electrical engineering
5.	Dates of Membership or Dates of Involvement
	From (mm/dd/yyyy) To (mm/dd/yyyy) Present
Orga	unization 2
6.	Name of Organization
	Association for Computing Machinery ACM

	A-Number ▶	A-			
Pai	art 9. General Eligibility and Inadmissibility Grounds (continued)				
7.	City or Town State or Province				
	New York City				
	Country				
	USA				
8.	Nature of Organization, including its purposes and activities, whether illicit or legitimate.				
	Worlds largest education and scientific society that advance of	computing a	as a sc	ienc	:e
	Nature of involvement in organization, including role or positions(s) held, whether illicit or lo	egitimate.			
	Professional Member of ACM to advance the scientific computing	with eth:	ical pr	inci	ple
9.	Dates of Membership or Dates of Involvement				
	From (mm/dd/yyyy) To (mm/dd/yyyy)		7		
10.	Have you EVER been denied admission to the United States?		Yes	X	No
11.	Have you EVER been denied a visa to the United States?		Yes	X	No
12.	Have you EVER worked in the United States without authorization?		Yes	X	No
13.	Have you EVER violated the terms or conditions of your nonimmigrant status?		Yes	×	No
14.	Are you presently or have you EVER been in removal, exclusion, rescission, or deportation princluding expedited removal proceedings?	proceedings,	Yes	×	No
15.	Have you EVER been issued a final order of exclusion, deportation, or removal?		Yes	X	No
16.	Have you EVER had a prior final order of exclusion, deportation, or removal reinstated?		Yes	X	No
17.	Have you EVER been granted voluntary departure by an immigration officer or an immigrat failed to depart within the allotted time?	ion judge but	Yes	×	No
18.	Have you EVER applied for any kind of relief or protection from removal, exclusion, or dep	ortation?	Yes	X	No
19.	Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year for residence requirement?	oreign	Yes	×	No
20.	If you answered "Yes" to Item Number 19., have you complied with the foreign residence re	equirement?	Yes		No
21.	If you answered "Yes" to Item Number 19. and "No" to Item Number 20. , have you been g waiver or has Department of State issued a favorable waiver recommendation letter for you?	ranted a	Yes		No
Cri	iminal Acts and Violations				
the vexpl whee and char senter	Item Numbers 22 41., you must answer "Yes" to any question that applies to you, even if you ared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you st also answer "Yes" to the following questions whether the action or offense occurred here in the world. If you answer "Yes" to Item Numbers 22 41., use the space provided in Part 14. Additional for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; whether you were arrested, cited, charged, or detained for the offense of the outcome or disposition of that criminal offense (for example, convicted, placement in a diverges dismissed, jail, prison, detention, probation, or community service). Your explanation must tence to confinement (even if suspended).	u no longer have united State ditional Informate the criminal criminal offension program tinclude the duty.	we a record s or anywination to offense ocue you com a, no charguration of a	l. You here e provid curred nmitted ges file any	else in de an d; d; ed;
22.	Have you EVER been arrested, cited, charged, or permitted to participate in a diversion prog pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)		Yes Yes	×	No

for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of

a country other than the United States?

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Par	t 9. General Eligibility and Inadmissibility Grounds (continued)				
23.	Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)?		Yes	×	No
24.	Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?		Yes	X	No
	NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, p documentation of that post-conviction action.	rovi	de		
25.	Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?		Yes	×	No
26.	Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?		Yes	X	No
27.	Have you EVER trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?		Yes	X	No
28.	Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent?		Yes	X	No
29.	If your answer to Item Number 28. is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent?		Yes		No
30.	Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution?		Yes	×	No
31.	Have you EVER directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution?		Yes	X	No
32.	Have you EVER received any proceeds or money from prostitution?		Yes	X	No
33.	Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?		Yes	X	No
34.	Have you EVER exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?		Yes	X	No
35.a.	Have you EVER served as a foreign government official?		Yes	×	No
35.b.	If your answer to Item Number 35.a. is "Yes," have you EVER been responsible for, enforced, or directly carried out violations of religious freedoms?		Yes		No
36.	Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)?		Yes	X	No
	NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person fage or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial set trafficking may also include knowingly benefiting financially or by receiving anything of value, from participal involving sex trafficking.	e to e , harl to e n is u	ngage ooring ngage under et. Sex	in a , in th 18 ye	ne ears
37.	Have you EVER trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.		Yes	×	No

Par	t 9. General Eligibility and Inadmissibility Grounds (continued)				
38.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery?		Yes	X	No
39.	Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent?		Yes	X	No
40.	If your answer is "Yes" to Item Number 39. , did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent?		Yes		No
41.	Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity?		Yes	X	No
Sec	urity and Related				
Do y	ou intend to:				
42.a.	Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?		Yes	X	No
42.b.	Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?		Yes	×	No
42.c.	Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?		Yes	X	No
42.d.	Engage in any other unlawful activity?		Yes	X	No
Have	you EVER:				
43.a.	Received any weapons training, paramilitary training, or other military-type training?		Yes	×	No
43.b.	Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)?		Yes	X	No
43.c.	Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property?		Yes	X	No
43.d.	Threatened, attempted, conspired, prepared, or planned to do any of the things described in Item Numbers 43.b 43.c. ?		Yes	X	No
43.e.	Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in Item Numbers 43.b 43.c.?		Yes	X	No
43.f.	Participated in, or been a member of, a group or organization that did any of the activities described in Item Numbers 43.b 43.e.?		Yes	X	No
43.g.	Recruited members or asked for money or things of value for a group or organization that did any of the activities described in Item Numbers 43.b 43.e.?		Yes	X	No
43.h.	Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Numbers 43.b 43.e.?		Yes	X	No
43.i.	Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in Item Numbers 43.b 43.e.?		Yes	X	No
44.	Do you intend to engage in any of the activities listed in any part of Item Numbers 43.b 43.e.?		Yes	X	No
45.	Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States?		Yes	×	No
	NOTE: If you answered "Yes" to any part of Item Numbers 42.a 45. , explain what you did, including the of the circumstances, or what you intend to do in the space provided in Part 14. Additional Information .	e date	s and	loca	tion

Par	t 9. General Eligibility and Inadmissibility Grounds (continued)				
46.	Are you the spouse or child of an individual who EVER engaged in any of the activities listed in Item Numbers 43.b 43.i. ?		Yes	×	No
	NOTE: If you answered "Yes" to any part of Item Number 46. , explain what your parent or spouse did, inclocation of the circumstances in Part 14. Additional Information .	ludin	g the	dates	s and
47.	Have you EVER sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person?		Yes	X	No
48.	Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you EVER directed or participated in any other activity that involved detaining people?		Yes	×	No
49.	Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?		Yes	×	No
50.	Have you EVER served in, been a member of, assisted (helped), or participated in any military or police unit?		Yes	X	No
51.	Have you EVER served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group?		Yes	×	No
	If you answered "Yes" to Item Number 50. or 51. , include the name of the country, the name of the military group, your rank or position, and your dates of involvement in your explanation in Part 14. Additional Info			med	
52.	Have you EVER been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)?		Yes	X	No
Have	you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the	follo	wing		
53.a.	Torture?		Yes	X	No
53.b.	Genocide?		Yes	X	No
53.c.	Killing, or trying to kill, any person?		Yes	X	No
53.d.	Intentionally and severely injuring or trying to injure any person?		Yes	X	No
54.	Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so?		Yes	X	No
55.	Have you EVER used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so?		Yes	X	No
	NOTE: If you answered "Yes" to any part of Item Numbers 47 55. , explain what occurred, including the of the circumstances, in the space provided in Part 14. Additional Information .	dates	and l	locati	ion

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds,** *Public Charge* section of these Instructions.

56.	I an	n exempt from the public charge ground of inadmissibility because I am a/an (select only one box):
		VAWA Self-Petitioner (Form I-360)
		Special Immigrant Juvenile (Form I-360)
		Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
		Asylee (Form I-589 or Form I-730)
		Refugee (Form I-590 or Form I-730)
		Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
		Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
		Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
		Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
		Cuban Adjustment Act
		Cuban Adjustment Act for Battered Spouses and Children
		Dependent Status under the Haitian Refugee Immigrant Fairness Act
		Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
		Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
		A Lautenberg Parolee
		National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
		Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
		Amerasian Homecoming Act
		Polish or Hungarian Parolee
		Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
		American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
		Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Pai	rt 9. General Eligibility and Inadmissibility Grounds (continued)
	Syrian National Adjusting Status under Public Law 106-378
	Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
	I do not fall under any of the exempt categories listed above and will complete Item Numbers 57 66.
Nun	but selected "I do not fall under any of the exempt categories listed above and will complete Item Numbers 57 66. " in Item Number 56. , complete Item Numbers 57 66. below. If you selected an exempt category in Item Number 56. , go to Item Number f you need extra space to complete this section, use the space provided in Part 14. Additional Information .
57.	What is the size of your household? 2
58.	Indicate your annual household income.
59.	Identify the total value of your household assets.
39.	identify the total value of your nousehold assets.
60.	Identify the total value of your household liabilities (including both secured and unsecured liabilities).
~1	
61.	What is the highest degree or grade of school you have completed?
	Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.
	High school diploma, GED, or alternative credential 1 or more years of college credit, no degree
	Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)
	Doctorate degree
62.	List your certifications, licenses, skills obtained through work experience, and educational certificates.
	List of Certifications
	Master of Science in Electrical and Computer Engineering From Tennessee Tech Univ.
	Bachelor of Science in Electrical and Electronic Engineering from PUST, Bangladesh
	Skilled in Power Systems Engineering, Protection and Control
	Skilled in Renewable Energy Integration in Smart-grid, and Energy Management Systems
	Skilled in Machine Learning in Power Systems Research
	Skilled in Hardware-in-the-loop Testing and Real-time Automation Control (RTAC)
63.	Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)?
64.	Have you ever received long-term institutionalization at government expense? Yes X No
∵-T•	Thave you ever received forig-term insulationalization at government expense:

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Part 9. General Eligibility and Inadmissibility Grounds (continued)

65.	If your answer to Item Number 63. is "Yes," list the specific benefit(s) you received, the start and end dates of each period of
	receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration
	category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				Yes No

66.	If your answer to Item Number 64. is "Yes," list the name, city, and state for each institution, the start and end dates of each
	period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an
	immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				Yes No

- 67. Have you EVER failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?
 - **NOTE:** If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.
- 69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?
- 70. Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)?
- 71. Have you EVER been a stowaway on a vessel or aircraft arriving in the United States?
- 72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)?
- 73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent

 Yes

 No documents?

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

- 74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the Yes No United States on your own after having been ordered excluded, deported, or removed from the United States?
- 75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes X No

Par	t 9. General Eligibility and Inadmissibility Grounds (continued)	
76.	Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled.	Yes X No
	NOTE: If you answered "Yes" to Item Number 76. , give the dates of unlawful presence in the space provide Additional Information .	ded in Part 14.
77.	If you answered "Yes" to Item Number 76. , was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States?	Yes No
	NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, pr of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is ind such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary set debt bondage, or slavery.	luced to perform ng of a person for
	April 1, 1997, have you EVER reentered or attempted to reenter the United States without being inspected ed after:	and admitted or
78.a.	Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled.	Yes X No
78.b.	Having been deported, excluded, or removed from the United States?	Yes X No
Mis	cellaneous Conduct	
79.	Do you plan to practice polygamy in the United States?	☐ Yes 🔀 No
80.	Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)?	Yes X No
81.	Have you EVER assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child?	Yes X No
82.	Have you EVER voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?	Yes X No
83.	Have you EVER renounced U.S. citizenship to avoid being taxed by the United States?	Yes X No
Have	you EVER:	
84.a.	Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien?	Yes X No
84.b.	Been relieved or discharged from such training or service on the ground that you are an alien?	Yes X No
84.c.	Been convicted of desertion from the U.S. armed forces?	Yes X No
85.	Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency?	Yes X No
86.	If you answered "Yes" to Item Number 85. , what was your nationality or immigration status immediately be example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admiss other status)?	

Part 11. Interpreter's Contact Information, Certification, and Signature Interpreter's Full Name Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Email Address (if any) Interpreter's Certification and Signature certify, under penalty of perjury, that I am fluent in English and und I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.		
Provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any) Applicant's Email Address (if any) Applicant's Email Address (if any) Applicant's Certification and Signature certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted winy application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part II understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records hat USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for administration and enforcement of U.S. immigration law. Applicant's Signature Date of Signature Date of Signature Date of Signature Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) Interpreter's Certification and Signature certify, under penalty of perjury, that I am fluent in English and und I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	Par	rt 10. Applicant's Contact Information, Certification, and Signature
Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any) Applicant's Certification and Signature Certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted win application. I read and understand or, if interpreted to me in a language in which I am Iluent by the interpreter listed in Part II authorized in the responses and information contained in, and submitted with, my application, and that all of the responses and information contained in, and submitted with my application, and that all of the responses and information contained in, and submitted with my application, and that all of the responses and information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for diministration and enforcement of U.S. immigration law. Applicant's Signature Date of Signature (mm/dd/y) Part 11. Interpreter's Contact Information, Certification, and Signature Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Contact Information Interpreter's Email Address (if any) Interpreter's Email Address (if any) Interpreter's Certification and Signature Certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	App	plicant's Contact Information
Applicant's Email Address (if any) Applicant's Certification and Signature certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part II understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and information from any and all of my records hat USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for idministration and enforcement of U.S. immigration law. Applicant's Signature Date of Signature (mm/dd/y) Part 11. Interpreter's Contact Information, Certification, and Signature Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Contact Information Interpreter's Email Address (if any) Interpreter's Certification and Signature certify, under penalty of perjury, that I am fluent in English and und I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	Prov	ride your daytime telephone number, mobile telephone number (if any), and email address (if any).
Applicant's Certification and Signature (certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part II understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and information are complete, rue, and correct. Furthermore, I authorize the release of any information from any and all of my reconstitutions and enforcement of U.S. immigration law. Applicant's Signature Date of Signature (mm/dd/y) Part 11. Interpreter's Contact Information, Certification, and Signature Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Contact Information Interpreter's Certification and Signature Certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	l .	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any)
Applicant's Certification and Signature (certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part II understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and information are complete, rue, and correct. Furthermore, I authorize the release of any information from any and all of my reconstitutions and enforcement of U.S. immigration law. Applicant's Signature Date of Signature (mm/dd/y) Part 11. Interpreter's Contact Information, Certification, and Signature Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Contact Information Interpreter's Certification and Signature Certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.		
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Part 11. Interpreter's Contact Information, Certification, and Signature Interpreter's Full Name Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Email Address (if any) Interpreter's Certification and Signature certify, under penalty of perjury, that I am fluent in English and und I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	ny a inde nfor hat l	application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 11. , erstood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the remation are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the
Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Email Address (if any) Interpreter's Email Address (if any) Interpreter's Certification and Signature Interpreter's Mobile Telephone Number (if any) Interpreter's Certification and Signature Interpreter's Mobile Telephone Number (if any) Interpreter's Certification and Signature Interpreter's Mobile Telephone Number (if any) Interpreter's Certification and Signature Interpreter's Certification and Signature Interpreter's Interpreter's Mobile Telephone Number (if any)	ı. →	Applicant's Signature Date of Signature (mm/dd/yyyy)
Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Email Address (if any) Interpreter's Email Address (if any) Interpreter's Certification and Signature Interpreter's Mobile Telephone Number (if any)	Par	rt 11. Interpreter's Contact Information, Certification, and Signature
Interpreter's Business or Organization Name Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Email Address (if any) Interpreter's Email Address (if any) Interpreter's Certification and Signature	Inte	erpreter's Full Name
Interpreter's Contact Information 3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any) Interpreter's Certification and Signature 5. certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	۱.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any) Interpreter's Certification and Signature 5. Certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	2.	Interpreter's Business or Organization Name
Interpreter's Email Address (if any) Interpreter's Certification and Signature I certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	Inte	erpreter's Contact Information
Interpreter's Certification and Signature I certify, under penalty of perjury, that I am fluent in English and and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)
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and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	Inte	erpreter's Certification and Signature
and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that he or she understood every instruction, question, and answer on the application.	cer	tify, under penalty of perjury, that I am fluent in English and ,
	5.	

A-Number ► A-

	A-Number ► A-
	rt 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if her Than the Applicant
Pro	eparer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name
Pro	eparer's Contact Information
3.	Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)
Pro	eparer's Certification and Signature
that only	rtify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects y information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she erstands the responses and information in or submitted with the application. Preparer's Signature Date of Signature (mm/dd/yyyy)
	NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.
Pa	art 13. Signature at Interview
	vear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of
	Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the
chai	nges made to this application, numbered through , are complete, true, and correct. All
info	ormation on additional pages submitted by me with this Form I-485, on numbered pages through

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
	Saha	Sohag Kumar	
2.	Page Number Part Number Item Num	aber	
3.	Page Number Part Number Item Num	nber	
4.	Page Number Part Number Item Num	nber	
5.	Page Number Part Number Item Num	aber	



Application For Employment Authorization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-765 OMB No. 1615-0040 Expires 09/30/2027

	Authorization/E	xtension Fee Stam	p		Action Block
	Valid From				
For USCI Use	IS Vand Through				
Only	Alien Registration	Number A-			
	Remarks				
Boar	be completed by rd of Immigration credited represen	n Appeals (BIA)- is attack	his box if Form G		Attorney or Accredited Representative USCIS Online Account Number (if any)
► S7	ГART HERE - Туре	or print in black ink.			
Part	1. Reason for Ap	oplying	Other Nat	nes U	sed
1.a. [to accept employment.	maiden name complete this	e, and r	mes you have ever used, including aliases, nicknames. If you need extra space to n, use the space provided in Part 6 .
1.b. [ost, stolen, or damaged employment ument, or correction of my	Additional I 2.a. Family		
		orization document NOT DUE to and Immigration Services (USCIS)	(Last N	Jame)	
	error.	and miningration services (osers)	2.b. Given (First N		
	authorization docu	ment (correction) of an employment ument due to USCIS error does not	2.c. Middle	Name	
		m I-765 and filing fee. Refer to Card Error in the What is the	3.a. Family (Last N		
	_	n of the Form I-765 Instructions for	3.b. Given (First)	Name	
1.c. [(Attach a copy of	ermission to accept employment. your previous employment	3.c. Middle	Name	
	authorization docu	ument.)	4.a. Family (Last N		
Part	2. Information A	About You	4.b. Given	Name	
			(First N 4.c. Middle		
	Full Legal Name		net made	- I vallie	
1.a. I	Family Name (Last Name)				
	Given Name First Name) Sohaq	g Kumar			
1.c. 1	Middle Name				

Par	t 2. Information About You (continued)	13.b. Provide your Social Security number (SSN) (II known).
	In Care Of Name (if any)	14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
		X Yes No
5.b. 5.c.	Street Number and Name Ave X Apt. Ste. Flr.	NOTE: If you answered "No" to Item Number 14. , skip to Part 2. , Item Number 18.a. If you answered "Yes" to Item Number 14. , you must also answer "Yes" to Item
5.d.	City or Town Cookeville	Number 15.
5.e. 6.	State TN 5.f. ZIP Code 38501 (USPS ZIP Code Lookup) Is your current mailing address the same as your physical	information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
0.	address? X Yes No	NOTE: If you answered "Yes" to Item Numbers
	NOTE: If you answered "No" to Item Number 6.,	14. - 15. , provide the information requested in Item Numbers 16.a. - 17.b.
	provide your physical address below.	Father's Name
U.S	. Physical Address	Provide your father's birth name.
7.a.	Street Number and Name	16.a. Family Name (Last Name)
7.b.	Apt. Ste. Flr.	16.b. Given Name (First Name) Swapan Kumar
7.c.	City or Town	Mother's Name
7.d.	State 7.e. ZIP Code	Provide your mother's birth name.
		17.a. Family Name (Last Name)
Oth	er Information	17.b. Given Name (First Name) Shefaly
8.	Alien Registration Number (A-Number) (if any)	(First Ivalie)
	► A-	Your Country or Countries of Citizenship or
9.	USCIS Online Account Number (if any) ▶	Nationality List all countries where you are currently a citizen or national.
10.	Sex X Male Female	If you need extra space to complete this item, use the space provided in Part 6. Additional Information .
11.	Marital Status	18.a. Country
	☐ Single ★ Married ☐ Divorced ☐ Widowed	Bangladesh
12.	Have you previously filed Form I-765?	18.b. Country
	☐ Yes ⊠No	
13.a.	Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? X Yes No	
	NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.	

Part 2. Information About You (continued) Information About Your Eligibility Category Eligibility Category. Refer to the Who May File Form Place of Birth **I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. List the city/town/village, state/province, and country where Enter the appropriate letter and number for your eligibility you were born. category below (for example, (a)(8), (c)(17)(iii)). 19.a. City/Town/Village of Birth Netrokona (c)(3)(C) STEM OPT Eligibility Category. If you **19.b.** State/Province of Birth entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers Mymensingh 28.a - 28.c. 19.c. Country of Birth 28.a. Degree Bangladesh **28.b.** Employer's Name as Listed in E-Verify Date of Birth (mm/dd/yyyy) 28.c. Employer's E-Verify Company Identification Number or a Information About Your Last Arrival in the Valid E-Verify Client Company Identification Number **United States 21.a.** Form I-94 Arrival-Departure Record Number (if any) 29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 21.b. Passport Number of Your Most Recently Issued Passport Notice for Form I-129, Petition for a Nonimmigrant Worker. **21.c.** Travel Document Number (if any) (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER 21.d. Country That Issued Your Passport or Travel Document been arrested for and/or convicted of any crime? Bangladesh Yes No 21.e. Expiration Date for Passport or Travel Document **NOTE:** If you answered "Yes" to **Item Number 30.**, (mm/dd/yyyy) refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Date of Your Last Arrival Into the United States, On or **Documentation** section of the Form I-765 Instructions About (mm/dd/yyyy) for information about providing court dispositions. 23. Place of Your Last Arrival Into the United States 31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Immigration Status at Your Last Arrival (for example, Form I-140, Immigrant Petition for Alien Worker. If you B-2 visitor, F-1 student, or no status) entered the eligibility category (c)(36) in **Item Number** 27., please provide the receipt number of your spouse's or F1 Student parent's Form I-797 Notice for Form I-140. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category) **31.b.** If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for F1 Student and/or convicted of any crime? Yes No Student and Exchange Visitor Information System NOTE: If you answered "Yes" to Item Number 31.b., (SEVIS) Number (if any)

refer to Employment-Based Nonimmigrant Categories, Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about

providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a.	×	I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
1.b.		The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in
		a language in which I am fluent, and I understood everything.
2.		At my request, the preparer named in Part 5. , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3.	Applicant's Daytime Telephone Number					
4.	Applicant's Mobile Telephone Number (if any)					
5.	Applicant's Email Address (if any)					

6.	Select this box if you are a Salvadoran or Guatemalan
	national eligible for benefits under the ABC
	settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

→	
7.b. Date of Signature (mm/dd/yyyy)	
NOTE TO ALL APPLICANTS: If you do not out this application or fail to submit required doc in the Instructions, USCIS may deny your applications.	uments listed
Part 4. Interpreter's Contact Informa Certification, and Signature	tion,
•	,
Certification, and Signature	,

Interpreter's Business or Organization Name (if any)

1.b. Interpreter's Given Name (First Name)

2.

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address									
3.a.	Street Number and Name								
3.b.	Apt. Ste. Flr.								
3.c.	City or Town								
3.d.	State 3.e. ZIP Code								
3.f.	Province								
3.g.	Postal Code								
3.h.	Country								
Inte	rpreter's Contact Information								
4.	Interpreter's Daytime Telephone Number								
5.	Interpreter's Mobile Telephone Number (if any)								
6.	Interpreter's Email Address (if any)								
Inte	rpreter's Certification								
I cert	ify, under penalty of perjury, that:								
I am fluent in English and which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.									
Interpreter's Signature									
7.a.	Interpreter's Signature								
7.b.	Date of Signature (mm/dd/yyyy)								

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

•	Preparer's Family Name (Last Name)							
٠.	Preparer's Given Name (First Name)							
	Preparer's Business or Organization Name (if any)							
rej	parer's Maili	ng Address						
•	Street Number and Name							
•	Apt. S	te. Flr.						
	City or Town [
•	State	3.e. ZIP Code						
	Province							
	Postal Code [
•	Country							
e	parer's Conta	ct Information						
	Preparer's Dayt	ime Telephone Number						
	Preparer's Mob	ile Telephone Number (if any)						
	Preparer's Email Address (if any)							

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this **Application, If Other Than the Applicant** (continued) Preparer's Statement I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application. **NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use. Preparer's Signature **8.a.** Preparer's Signature **8.b.** Date of Signature (mm/dd/yyyy)

Pa	rt 6. Additio	onal Ir	formation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withis space to co sheet at the Num	u need extra spanthis applications than what is pumplete and file of paper. Typose top of each shaber, and Item and date each shand date each shaper.	on, use rovided with the or princet; ind	the space below, you may mak is application of the your name and the cate the Page I	v. If yo e copies or attach nd A-Nu Numbe	u need more s of this page a separate umber (if any) r, Part	5.d.					
	Family Name (Last Name)	Saha									
1.b.	Given Name (First Name)	Sohag Kumar									
1.c.	Middle Name					6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2.	A-Number (if	any) 🕨	· A-			6.d.					
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number	0.44.					
3.d.											
						7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.a.	Page Number	4.b.	Part Number	4.c.	Item Number	7.d.					
4.d.											