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**Student Details for Online Nonimmigrant F1-Visa Application (DS-160)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For TEXASREVIEW Office Use** | | | | | | | | | | | | | | | | | | | | | |
| **DS-160 Page Link** | | | [**https://ceac.state.gov/genniv/**](https://ceac.state.gov/genniv/) | | | | | | | | **Location** | | | | |  | | | | | |
| **CEAC Bar Code** |  | | | | | **5 Letters of Surname** | |  | | | | **Year** | | |  | | | **Sec. Q. Ans.** | | |  |
| **Online VISA Appointment Login Page Link:** | | | | | | | [**http://portal.ustraveldocs.com/?language=English&country=India**](http://portal.ustraveldocs.com/?language=English&country=India) | | | | | | | | | | | | | | |
| **Visa Appointment Username:** | | | | |  | | | | | | | | | **Password :** | | | | |  | | |
| **Interview Location** | | HYD | | | **Interview Language** | | | | | **English** | | | **CGI Reference No.** | | | | | | |  | |
| **Axis Bank Ref. No.** | | | | | | |  | |
| **Appointment Dates : OFC** | | | |  | | | | | **Consular Interview** | | | | | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Personal Information*** | | | | | |  | | | | | | | | |
| Surname | | | | | | VENNA | | | | | | | | |
| Given name | | | | | | SRINIVASA REDDY | | | | | | | | |
| Sex / Gender | | | | | | MALE | | | | | | | | |
| Marital Status | | | | | | SINGLE | | | | | | | | |
| Date of Birth DD/MM/YYYY | | | |  | | 10/12/1999 | | |  | | | | | |
| Place of Birth | | CHALLAGARIGA | | | | State | | ANDHRA PRADESH | | | Country | | India | |
| ***Address and Phone Information*** | | | | | |  | | | | | | | | |
| Home Address : Street Line-1 | | | | | | 1-7 CHALLAGARIGA VILLAGE | | | | | | | | |
| Home Address : Street Line-2 | | | | | | GANDHI NAGAR | | | | | | | | |
| City | | | | | | ATCHAMPET | | | | | | | | |
| State | | | | | | ANDHRA PRADESH | | | | | | | | |
| Postal Code | | | | | | 522409 | | | | | | | | |
| Primary Phone Number | | | | | | 7285960271 | | | | | | | | |
| Secondary Phone Number | | | | | | 6302594217 | | | | | | | | |
| Work Phone Number | | | | | |  | | | | | | | | |
| Email Address | | | | | | srinivasav101999@gmail.com | | | | | | | | |
| ***Passport Information*** | | | | | |  | | | | | | | | |
| Passport Number | | | | | | X8353988 | | | | | | | | |
| Place of Issue of Passport | | | | | | VIJAYAWADA | | | | | | | | |
| Country | | | | | | INDIA | | | | | | | | |
| Issuance Date DD/MM/YYYY | | | | |  | 26/04/2023 | | |  | | | | | |
| Expiration Date DD/MM/YYYY | | | | |  | 25/04/2033 | | |  | | | | | |
| ***Travel Information*** | | | | | |  | | | | | | | | |
| Purpose of Trip to the U.S. | | | | | | EDUCATION | | | | | | | | |
| Specify | | | | | | MASTERS IN COMPUTER INFORMATION SYSTEM | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Intended Date of Travel to USA | | | | | | 25 DECEMBER 2023 | | | | | | | | |
| Intended Length of stay in USA | | | | | | 2 YEARS | | | | | | | | |
| ***Address Where You Will Stay in the U.S.*** | | | | | |  | | | | | | | | |
| Street Address (Line 1) | | | | | |  | | | | | | | | |
| Street Address (Line 2) | | | | | |  | | | | | | | | |
| U.S. City | | | | | |  | | | | | | | | |
| State | | | | | |  | | | | | | | | |
| Zip Code | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| ***Person/Entity Paying for Your Trip*** | | | | | |  | | | | | | | | |
| Surname, of Person Paying for Your Trip | | | VENNA | | | Given Name | | | RAMADEVI | | | | | |
| Telephone Number | | | | | | 9505013651 | | | | | | | | |
| Email Address | | | | | |  | | | | | | | | |
| Relationship | | | | | | MOTHEER | | | | | | | | |
| Is the address of the party paying for your trip the same as your Home or Mailing Address? | | | | | | YES | | | | | | | | |
| Street Address (Line 1) | | | | | |  | | | | | | | | |
| Street Address (Line 2) | | | | | |  | | | | | | | | |
| City | | | | | |  | | | | | | | | |
| State | | | | | |  | | | | | | | | |
| Zip Code | | | | | |  | | | | | | | | |
| Country/Region | | | | | |  | | | | | | | | |
| ***Travel Companions Information*** | | | | | |  | | | | | | | | |
| Persons traveling with you : Are there other persons traveling with you? | | | | | | NO | | | | | | | | |
| Are you traveling as part of a group or organization? | | | | | | NO | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| *Previous U.S. Travel Information* | | | | | |  | | | | | | | | |
| Have you ever been in the U.S.? | | | | | | NO | | | | | | | | |
| Have you ever been issued a U.S. Visa? | | | | | | NO | | | | | | | | |
| Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the port of entry? | | | | | | NO | | | | | | | | |
| Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? | | | | | | NO | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Address and Phone Number of Point of Contact in U.S. | | | | | |  | | | | | | | | |
| Surname | | |  | | | Given Name | | |  | | | | | |
| Organziation Name | | | | | |  | | | | | | | | |
| Relationship | | | | | |  | | | | | | | | |
| U.S. Street Address (Line-1) | | | | | |  | | | | | | | | |
| U.S. Street Address (Line-2) | | | | | |  | | | | | | | | |
| City | | | | | |  | | | | | | | | |
| State | | | | | |  | | | | | | | | |
| Zip Code | | | | | |  | | | | | | | | |
| Phone Number | | | | | |  | | | | | | | | |
| Email Address | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| ***Family Information: Relatives*** | | | | | |  | | | | | | | | |
| Father's Surname | | VENNA | | | | Given Name | | | CHINNA GOPI REDDY | | | D.O.B  01/01/1976 | | |
| Mother's Surname | | VENNA | | | | Given Name | | | RAMADEVI | | | D.O.B  01/01/1982 | | |
| Do you have any immediate relatives, not including parents, in the United States? | | | | | |  | | | | | | | | |
| Do you have any other relatives in the United States? | | | | | |  | | | | | | | | |
| Surname | | | | | |  | | | | | | | | |
| Given Name | | | | | |  | | | | | | | | |
| Relationship to You | | | | | |  | | | | | | | | |
| Relative’s Status | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| ***Present Work/Education/Training Information*** | | | | | |  | | | | | | | | |
| Primary Occupation | | | | | |  | | | | | | | | |
| Present Employer or School Name | | | | | |  | | | | | | | | |
| Present employer or Schoool address: Line (1) | | | | | |  | | | | | | | | |
| Street Address Line (2) | | | | | |  | | | | | | | | |
| City | CHENNAI | | | | |  |  | | |  | | | |  |
| Phone Number, Country | | | | | |  | | | | | | | | |
| Monthly Income in Local Currency (if employed) | | | | | |  | | | | | | | | |
| Briefly describe your duties: | | | | | |  | | | | | | | | |
| *Previous Work/Education/Training Information* | | | | | |  | | | | | | | | |
| Were you previously employed? | | | | | |  | | | | | | | | |
| Employer Name | | | | | |  | | | | | | | | |
| Employer Address: Line-1 | | | | | |  | | | | | | | | |
| Employer Address: Line-2 | | | | | |  | | | | | | | | |
| City: | | | | | |  | | | | | | | | |
| State/Province: | | | | | |  | | | | | | | | |
| Postal Zone/Zip C ode: | | | | | |  | | | | | | | | |
| Country/Region: | | | | | |  | | | | | | | | |
| Telephone Number: | | | | | |  | | | | | | | | |
| Job Title: | | | | | |  | | | | | | | | |
| Supervisor's Surname | | | | | |  | | | | | | | | |
| Supervisor's Given Name: | | | | | |  | | | | | | | | |
| Employment Date From: To: | | | | | |  | | | | | | | | |
| Briefly describe your duties: | | | | | |  | | | | | | | | |
| Have you attended any educational institutions at a secondary level or above? | | | | | | YES | | | | | | | | |
| **Name of Institution 1** | | | | | | OXFORD DEGREE COLLEGE | | | | | | | | |
| Street Address (Line 1) | | | | | | SANTHAMAIDHANAM, MUTHYALAMMA ST, SRIKALAHASTI | | | | | | | | |
| City | TIRUPATI | | | | | State | ANDHRA PRADESH | | | Postal Code | | | | 517644 |
| Country | INDIA | | | | | Course of Study | | | | DEGREE OF BACHELOR OF SCIENCE | | | | |
| Dates of Attendance From & To | | | | | | AUG 2018 – DEC-2021 | | | |  | | | | |
|  | | | | | |  | | | | | | | | |
| **Name of Institution 2: intermediate** | | | | | | PRAGATI JUNIOR COLLEGE | | | | | | | | |
| Street Address (Line 1) | | | | | | NEAR BUSTAND | | | | | | | | |
| City | SATTENAPALLE | | | | | State | ANDHRA PRADESH | | | Postal Code | | | | 522403 |
| Country | INDIA | | | | | Course of Study | | | | INTERMEDIATE | | | | |
| Dates of Attendance From & To | | | | | | JUNE 2016 – APRIL 2018 | | | |  | | | | |
|  | | | | | |  | | | | | | | | |
| **Name of Institution 3 : 10th** | | | | | | VIDWAN HIGH SCHOOL | | | | | | | | |
| Street Address (Line 1) | | | | | | ATCHAMPET | | | | | | | | |
| City | ATCHAMPET | | | | | State | ANDHRA PRADESH | | | Postal Code | | | | 522409 |
| Country | INDIA | | | | | Course of Study | | | | 10th | | | | |
| Dates of Attendance From & To | | | | | | MARCH - 2016 | | | |  | | | | |
|  | | | | | |  | | | | | | | | |
| Provide a List of Languages You Speak | | | | | | TELUGU , ENGLISH, HINDI | | | | | | | | |
| **Have you traveled to any countries within the last five years?** | | | | | | NO | | | | | | | | |
| Security & Background Information:Answer Yes or No to all 5 Parts | | | | | |  | | | | | | | | |
| *Additional Point of Contact Information:* NOTE: You have indicated that you will be studying in some capacity while in the United States. List at least two contacts in your country of residence who can verify the information that you have provided on this application. **Do not list immediate family members or other relatives.** Postal office box numbers are unacceptable. | | | | | |  | | | | | | | | |
| Surname | | | TIPPIREDDY | | | Given Name | | | | KOTI REDDY | | | | |
| Street Address (Line 1) | | | | | | RICEMILL BAGAR,POCHAMPALLI, | | | | | | | | |
| Street Address (Line 2) | | | | | | ,NTR DISTRICT | | | | | | | | |
| City | JAGGAYYAPETA | | | | | State | ANDHRA PRADESH | | | Postal Code | | | | 521178 |
| Country | INDIA | | | | | Telephone Number : 8096929311 | | | | Email Address : tippireddykotireddy534@gmail.com | | | | |
|  | | | | | |  | | | | | | | | |
| Surname | | | ANNAPUREDDY | | | Given Name | | | | BALAJI | | | | |
| Street Address (Line 1) | | | | | | 69-23-1525 LAKSHMAREDDY NAGAR, SANGADIGUNTA | | | | | | | | |
| Street Address (Line 2) | | | | | | GUNTUR | | | | | | | | |
| City | GUNTUR | | | | | State | ANDHRA PRADESH | | | Postal Code | | | | 522003 |
| Country | INDIA | | | | | Telephone Number :  6304349919 | | | | Email Address : balajiannapureddy939@gmail.com | | | | |
|  | | | | | |  | | | | | | | | |
| *SEVIS Information* | | | | | |  | | | | | | | | |
| SEVIS ID | | | | | |  | | | | | | | | |
| Name of the School / University in USA | | | | | |  | | | | | | | | |
| Course of Study | | | | | |  | | | | | | | | |
| U.S. Street Address (Line-1) | | | | | |  | | | | | | | | |
| U.S. Street Address (Line-2) | | | | | |  | | | | | | | | |
| City | | | | | |  | | | | | | | | |
| State | | | | | |  | | | | | | | | |
| Zip Code | | | | | |  | | | | | | | | |
| School Code to pay SEVI Fee | | | | | |  | | | | | | | | |
| *Preparer of Application :* | | | | | |  | | | | | | | | |
| Did anyone assist you in filling out this application? | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |