भारत गणराज्य REPUBLIC OF INDIA

इसके द्वारा, भारत गणराज्य के राष्ट्रपति के नाम पर, उन सभी से जिनका इससे संबंध हो, अनुरोध एवं अपेक्षा की जाती है कि वे धारक को विना किसी रोक-टोक के स्वतंत्र रूप से आने-जाने दें, और उसे हर तरह की ऐसी सहायता और सुरक्षा प्रदान करें जिसकी उसे आवश्यकता हो।

THESE ARE TO REQUEST AND REQUIRE IN THE NAME OF THE PRESIDENT OF THE REPUBLIC OF INDIA ALL THOSE WHOM IT MAY CONCERN TO ALLOW THE BEARER TO PASS FREELY WITHOUT LET OR HINDRANCE AND TO AFFORD HIM OR HER, EVERY ASSISTANCE AND PROTECTION OF WHICH HE OR SHE MAY STAND IN NEED.

भारत गणराज्य के राष्ट्रपति के आदेश से BY ORDER OF THE PRESIDENT OF THE REPUBLIC OF INDIA



(पी.के. अशोक बाबू)
(P.K. ASHOK BABU)
क्षेत्रीय पासपोर्ट अधिकारी
Regional Passport Officer
केत्रीय पासपोर्ट कार्यालय
Regional Passport Office
चेन्नै / CHENNAI

पासपोर्ट PASSPORT



भारत गणराज्य REPUBLIC OF INDIA

INDIA REPUBLIC

टाईप / Type

राष्ट्र कोड / Country Code IND

पासपोर्ट नं. / Passport No.

उपनाम / Surname

P7194639

KARTHIKEYAN RAJALAKSHMI

दिया गया नाम / Given Name(s)

VIGNESH KUMAR

राष्ट्रीयता / Nationality

लिंग / Sex

water / Date of Birth

भारतीय/INDIAN

M

23/12/1995

जन्म स्थान / Place of Birth

KOTTAIYUR, TAMIL NADU

जारी करने का स्थान / Place of Issue

K.R. - Clignesh tumars

जारी करने की तिथि / Date of Issue

समाप्ति की तिथि / Date of Expiry

07/02/2017

06/02/2027

P<INDKARTHIKEYAN<RAJALAKSHMI<<VIGNESH<KUMAR< P7194639<6IND9512232M2702065<<<<<<<<



VNUSAKARTHIKEYAN<RAJALAKSHMI<<VIGNESH<KUMAR< P7194639<6IND9512232M2307046F1MDR1SR8S151283





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

KARTHIKEYAN GNANADESIGAN

माता का नाम / Name of Mother

RAJALAKSHMI PALANIAPPAN

पति या पत्नी का नाम / Name of Spouse

पता / Address

AS 2 JOEL LAKESHORE APARTMENT, ERIKKARAI STREET

SEMBAKKAM, CHENNAI

PIN:600073, TAMIL NADU, INDIA

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

फाईल नं./ File No.

MA3069909770117



Date.: 04/01/2018

To,
VIGNESH KUMAR KARTHIKEYAN RAJALAKSHMI
AND KARTHIKEYAN G AND RAJALAKSHMI PL
NO.AS 2, JOEL LAKESHORE APARTMENT,
ERIKKARAI STREET, SEMBAKKAM
CHENNAI-600073,TAMILNADU

Dear Sir/Madam,

Subject: Education Loan Sanction Letter

Ref: Application No.: A1712180015

This has reference to your above referred application for an Education Loan ("Loan") for funding higher studies of VIGNESH KUMAR KARTHIKEYAN RAJALAKSHMI at an accredited institution in the United States, starting Fall 2018/Spring 2018. Based on the details provided by you vide your said application, HDFC Credila is pleased to inform you about sanction of an education loan on the terms and conditions as mentioned below:

- Loan Amount: INR 3900000/- (Rupees Thirty Nine Lakh only) equivalent to USD 59963 approx. at exchange rate of 1 USD: 65.04 INR.
- KARTHIKEYAN G would assume responsibility as the co-borrower to the loan and RAJALAKSHMI PL would assume as additional co-borrower.
- Rate of interest applicable to the loan would be as per the market conditions prevalent at the time of disbursement.
- Payment Mode: ECS & SPDCs to be through RAJALAKSHMI PL, STATE BANK OF INDIA, CHENNAI, AC#: 11253350079
- Additional SPDCs From : KARTHIKEYAN G, INDIAN OVERSEAS BANK, , AC#: 174101000010177
- Collateral security: S NO.56/2, 56/3A, FLAT AS2, 2ND FLOOR, JOEL LAKESHORE APARTMENTS, ERIKKARAI STREET, SEMBAKKAM, CHENNAI, TAMILNADU.
- Validity of this offer: This sanction/offer letter will automatically stand withdrawn if the disbursement is not availed of within 30th September 2018 from the date of issue of this sanction letter.

Disbursement of the loan will be only upon successfully fulfilling the conditions as mentioned below:

1. Applicant receiving valid US Visa from appropriate authorities.

For HDFC Credila Financial Services Pvt. Ltd.

Authorized Signatory Gunasekaran .C

Sr. Manager - Operations



HDFC CREDILA FINANCIAL SERVICES PVT. LTD.

(formerly known as Credila Financial Services Pvt. Ltd.)

Corporate Identity Number: U67190MH2006PTC159411

Regd. Office: B-301, Citi Point, Andheri-Kurla Road, Andheri (East), Mumbai 400 059, India.

Tel: +91-22-28266636 loan@credila.com

Department of Homeland Security

U.S. Immigration and Customs Enforcement

1-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

SEVIS ID: N0028773658

SURNAME/PRIMARY NAME

Karthikeyan Rajalakshmi

PREFERRED NAME

Vignesh Kumar Karthikeyan Rajalakshmi

COUNTRY OF BIRTH

DATE OF BIRTH 23 DECEMBER 1995

INITIAL ATTENDANCE

FORM ISSUE REASON

GIVEN NAME

Vignesh Kumar

PASSPORT NAME

COUNTRY OF CITIZENSHIP

INDIA

ADMISSION NUMBER

LEGACY NAME

Class of Admission

ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME

Illinois Institute of Technology

Main Campus

SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL

Miguel Ortiz

Processing Specialist

SCHOOL ADDRESS

, 3201 S. State Street, MTCC Room 203, Chicago, IL 60616

SCHOOL CODE AND APPROVAL DATE

CHI214F00379000 09 JANUARY 2003

PROGRAM OF STUDY

PROGRAM ENGLISH PROFICIENCY

EDUCATION LEVEL

MASTER'S

Required

MAJOR 1

Computer Science 11.0701

ENGLISH PROFICIENCY NOTES

Student is proficient

MAJOR 2 None 00.0000

EARLIEST ADMISSION DATE

21 JULY 2018

START OF CLASSES

20 AUGUST 2018

PROGRAM START/END DATE

20 AUGUST 2018 - 19 DECEMBER 2020

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MON		STUDENT'S FUNDING FOR: 9 MONTHS			
Tuition and Fees	\$	30,735	Personal Funds	\$	0
Living Expenses	\$	13,500	Funds From This School	\$	
Expenses of Dependents (0)	\$		Family funds in India and bank loan	\$	115,000
Other	\$		On-Campus Employment	\$	
TOTAL	\$	44,235	TOTAL	\$	115,000

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Conferred Bachelors degree required

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). 1 am a designated school official of the above named school and am authorized to issue this form.

leave SIGNATURE OF Miguel Ortiz, From Specialist 27 February 2018

DATE ISSUED

PLACE ISSUED

Chicago, IL

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

Kir Vigneshkumons SIGNATURE OF: Vignesh Kumar Karthikeyan Rajalakshmi

7/03 DATE

PL RAJALA KSHMI NAME OF PARENT OR GUARDIAN

X LA Somonia

CHENNAI - TAMIL NADU - INDIA

17/03/18

SIGNATURE ADDRESS (city/state or province/country)

ICE Form I-20 (3/31/2018)

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I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038

U.S. Immigration and Customs Enforcement OM

SEVIS ID: N0028	773658	(F-1)	NAME: Rajala		ar Karthikeyan	
EMPLOYMENT AUTH	ORIZATIONS	3				
CHANGE OF STATUS/	CAP-GAP EX	TENSION				
AUTHORIZED REDUC	ED COURSE	IOAD				
	ED COURSE	LUAU				
CURRENT SESSION DA						
CURRENT SESSION START DATE			CURRENT SESSION END DATE			
TRAVEL ENDORSEME	ENT					
This page, when properly endors endorsement is valid for one year	ed, may be used for.	r re-entry of the student to	attend the same school	after a temporary absence from	the United States. Each	
Designated School Official	TITLE		ATURE	DATE ISSUED	PLACE ISSUED	
		<u> </u>				
		X	•			
		x				
		x				
					_	