**PROMPT SHEET FOR COMPLETING DS-160**

**Kindly read the form and then fill with neatly.**

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| **PERSONAL INFORMATION 1** |  |
| Surname (Enter your surname as per your passport) |  |
| Given names (Enter first & middle names as per passport) |  |
| Full name in Native Alphabet (Click 'Does Not Apply' button) |  |
| Have you ever used other names (Complete if applicable OR choose 'NO') |  |
| Sex (Choose Male OR Female) |  |
| Marital Status (Choose one from drop down list) |  |
| Date of Birth (Enter DOB as per passport) |  |
| Place of Birth (Enter as per passport) |  |
| State/Province of Birth (Click Does Not Apply button) |  |
| Country of Birth (Choose Country from drop down list) |  |
| **Personal Information 2** |  |
| Nationality (Choose from drop down list) |  |
| Do you hold other Nationality (Choose YES or NO as applicable) |  |
| National Identification Number (Click Does Not Apply' button) |  |
| US Social Security Number (Click Does Not Apply' button) |  |
| US Taxpayer ID Number (Click Does Not Apply' button) |  |
| **Address and Phone** |  |
| Home Address (Please Enter) |  |
| State/Province |  |
| Postal Zonal Zip Code |  |
| Country. |  |
| Mailing Address. |  |
| Home Phone. |  |
| Work Phone. |  |
| Work Fax Number. |  |
| Mobile/Cell phone number. |  |
| Email address. ( Mandatory ) |  |
| Have you used additional email addresses in the last five years? |  |
| Do you have a social media presence?  Social Media Provider/Platform (1):  Social Media Identifier:  Social Media Provider/Platform (2):  Social Media Identifier:  Social Media Provider/Platform (3):  Social Media Identifier: |  |
| Have you used additional social media platforms in the last five years? |  |
| **Passport** |  |
| Passport Number:  Type of travel document:  (Regular, Diplomatic, Other) |  |
| Country/Authority that issued Passport (Please Enter e. g. Ireland) |  |
| Where was Passport issued |  |
| State/Province |  |
| Country |  |
| Issuance Date of passport. |  |
| Expiration Date of passport. |  |
| Have you ever lost/stolen |  |
| **Travel** |  |
| Are you the principal applicant (Choose Yes/No) Answer the additional question: Surnames of Principal Applicant Given Names of Principal Applicant Principal Applicant's Purpose of Trip to U.S. |  |
| Purpose of Trip to USA. |  |
| Intended Date of arrival in US. |  |
| Intended length of stay in US. |  |
| Address where you will stay in US (If you don't have an address please enter CIEE's address (your US Sponsor) below or any intended hotel address with pincode and telephone no. |  |
| Street Address Line 1 (300 Fore Street) |  |
| Street Address Line 2 |  |
| City (Portland) |  |
| State (Maine) |  |
| Zip Code (04101) |  |
| Person/Entity paying for your trip.(If not self or other person or company mention name, contact no, email id, relationship & address) |  |
| **Travel Companions** |  |
| Are there other persons traveling with you? If not traveling with family members, choose NO Enter person(s) traveling with you Surnames of Person Traveling With You, Given Names of Person Traveling With You, Relationship with Person. |  |
| **Previous US Travel** |  |
| Have you ever been in the USA Choose YES or NO as applicable (if yes, Provide information on your last five U.S. visits: Date of Arrival (dd/mm/year), Length of stay. |  |
| Have you ever been issued a US Visa Choose YES or NO as applicable (if yes, enter details as requested Previous U.S. Visas Date Last Visa Was Issued, Visa Number) Are you applying for the same type of visa?  Are you applying in the same country where the visa above was issued and is this country your principal country of residence?  Have you been ten-printed?  Has your U.S. Visa ever been lost or stolen?  Has your U.S. Visa ever been cancelled or revoked?  (If yes then explain) |  |
| Have you ever been refused a US Visa? Choose YES or NO as applicable (if yes, enter details as DD/MM/Year, visa category of rejection and from which place applied)  Has anyone ever filed an immigrant petition on your behalf with the united states citizenship & Immigration Services? (if yes then explain) |  |
| **US Contact** |  |
| Contact Person (Leave Blank unless known) |  |
| Given Names. |  |
| Organization Name (Enter CIEE your US Sponsor) |  |
| Relationship to You. |  |
| Address with pincode & Phone of Contact (If you don't have an address please enter CIEE's address (your US Sponsor) below) |  |
| Street Address Line I (300 Fore Street) |  |
| Street Address Line 2 |  |
| City (Portland) |  |
| State (Maine) |  |
| Zip Code (04101) |  |
| Phone Numbers {(888)268-624} |  |
| Email Address |  |
| **Family** |  |
| Fathers Full Name with date of birth. |  |
| Mothers Full Name with date of birth. |  |
| Do you have any immediate relatives in USA.(Choose YES or NO as applicable) Means fiancé/fiancée, spouse (husband/wife), child (son/daughter), or sibling (brother/sister). Also mention visa type. |  |
| Do you have any other relatives in USA? Choose YES or NO as applicable) If yes then Provide the following information: Surnames, Given Names, Relationship to you, Relative's status .i.e. citizen, work visa etc. |  |
| Family Information: Spouse NOTE: Enter current spouse information. If divorced, enter previous spouse information. Spouse's Surnames, Spouse's Given Names, Spouse's Date of Birth, Spouse's Nationality, Spouse's Place of Birth (City and country) Spouse's Address |  |
| **Work/Education/Training** |  |
| Primary Occupation. |  |
| Present Employer or School Name. |  |
| Present employer or School address with pincode and contact number (Enter details as applicable) |  |
| Monthly Salary Choose (if employed) |  |
| Briefly describe your duties with designation Enter (please provide the details) |  |
| Additional Work/Education/Training Information |  |
| Were you previously employed (provide details) Employer/Employment Information: Employer Name, Employer Address with contact no, Superior full name, designation in that company, joining/releaving dates (DD/MM/Year)Have you attended any educational institutions other than elementary school?Name of institution:Address of institution, city, state/province, country, course of study, date of attendance from, date of attendance to:Have you traveled to any countries within the last five years? (Mention countries name)Do you belong to a clan or tribe?Provide a list of Language you Speak: |  |
| **Security and Background** |  |
| Medical & Health Information (Please answer all 3 questions TRUTHFULLY)  1)Do you have a communicable disease of public health significance such as tuberculosis (TB)?  2) Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?  3) Are you or have you ever been a drug abuser or addict? |  |
| **Criminal** |  |
| Criminal Information (Please answer all 4 questions TRUTHFULLY)  1) Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?  2) Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?  3) Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?  4) Have you ever been involved in, or do you seek to engage in, money laundering? |  |
| **Click Next: Security** |  |
| Security Information  1) Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?  2) Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?  3) Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?  4) Are you a member or representative of a terrorist organization?  5) Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?  6) Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?  7) Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? |  |
| **Click Next: Immigration Law Violations** |  |
| Immigration Law Violations (Please answer the question TRUTHFULLY) Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? |  |
| **Click Next: Miscellaneous** |  |
| Miscellaneous Information (Please answer all 3 questions TRUTHFULLY)  **1)** Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?  **2)** Have you voted in the United States in violation of any law or regulation?  **3)** Have you ever renounced United States citizenship for the purpose of avoiding taxation? |  |