

USA B1-B2 VISA REQUIRED INFORMATIONS TO FILL THE U.S VISA APPLICATION

Please fill the application accurate and in CAPITAL LETTERS

APPLICANT NAME

FULL NAME

GIVEN NAME

SURNAME

OTHER NAMES

SEX

MARITAL STATUS

DATE OF BIRTH DATE/MONTH/YEAR

COUNTRY OF BIRTH

NATIONALITY

ANY OTHER NATIONALITY

PERMANENT RESIDENT OF MORE COUNTRIES

NATIONAL ID NUMNER

ANY US SOCIAL SECURITY NUMBER

US TAX PAYER ID

HOME ADDRESS IN UAE

CITY / POSTAL CIODE / COUNTRY

EMAIL ID:

SAME MAILING ADDRESS? IF NO PROVIDE BELOW DETAILS

CITY

STATE / POSTAL CIODE / COUNTRY

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

WHATSPP NUMBER / WORK PHONE NUMBER

HAVE USED ANY OTHER NUMBER LAST 5 YEARS?

WHICH ARE THE SOCIAL MEDIA USING

SOCIALMEDIA LINK/ FACEBOOK

SOCIAL MEDIA/LINK TELEGRAM

SOCIAL MEDIA/LINK IN LINKED IN

SOCIAL MEDIA LINK IN TWITTER/X

SOCIAL MEDIA/LINK IN INSTAGARAM

PASSPORT TYPE/REGULAR/ OR

PASSPORT NUMBER

PASSPORT STATE/COUNTRY ISSUED

PASSPORT ISSUE DATE/DATE MONTH /YEAR

PASSPORT EXPIRY DATE/ DATE MONTH /YEAR

ANY TIME PASSPORT STOLEN/OR LOST

PURPOSE OF VISIT/ TIURISM/ BUSINESS

ANY SPECIFIL TRAVEL PLAN/YES

LEGTH OF STAY IN US/10DAYS

ADDRESS WHRE YOU STAY IN USA/ [DETAILS WILL PROVIDE BY JET]

ANY OTHER PERSON TRAVELLING WITH YOU/ SCHOOL TEACHERS

ARE YOU TARVELLING WITH A GROUP/ YES

PERSONS TRAVELLING WITH YOU / GROUP TRAVEL

NAME/TEACHERS NAME

RELATION SHIP/TEACHER

HAVE YOU EVER BEEN IN USA/ IF YES DETAILS

DATE ARRIVED AND DETAILS

LENGTH OF STAY IN US

DO YOU HOLD ANY DRIVING LICENCE

HAVE YOU EVER BEEN HOLD A USA VISA/ IF YES

DATE LAST VISA ISSUED /

VISA NUMBER

ARE YOU APPLYING FOR THE SAME TYPE VISA

ARE YOU APPLYING IN THE SAME COUNTRY OF LOCATION WHERE THE VISA

ABOVE IS ISSUED

HAS YOUR U.S VISA EVER BEEN LOST OR STOLEN

HAS YOUR U.S VISA EVER BEEN CANCELLED OR REVOKED

HAVE YOU EVENR BEEN REFUSED A U.S VISA OR

REFUSED ADMISSION TO U.A OR WITHDRAW YOUR APPLICATION

HAVE ANYONE EVER FILED AN IMMIGRANT PETITION ON YOUR BEHALF

CONTACT PERSON NAME IN THE U.S

RELATIOSHIP TO YOU

U.S CONTACT ADDRESS

U.S CONTACT NUMBER

EMAIL ID

APPLICANT FATHERS SURNAME

APPLICANT FATHERS GIVEN NAME

FATHERS DATE OF BIRTH

IS YOUR FATHER IN THE U.S? IF YES DETAILS

MOTHERS SURNAME

MOTHERS GIVEN NAME/

MOTHERS DATE OF BIRTH

IS YOUR MOTHER IN THE U.S?

DO YOU HAVE ANY IMMEDIATE RELATIVE/ NOT INCLUDING PARENTS IN THE U.S?

REALATIVE NAME

RELATIONSHIP TO YOU

STATUS/JOB DETAILS/DESIGNATION

APPLICANT SPOUSE FULL NAME

SPOUCE DATE OF BIRTH

SPOUCE COUNTRY/NATIONALITY

SPOUCE REGION OF BIRTH/COUNTRY

SPOUCE ADDRESS

APPLICANT PRIMARY OCCUPATION

SPECIFY DETAILS

PRESENT EMPLOYER OR SCHOOL NAME

PRESENT EMPLOYER OR SCHOOL ADDRESS

CITY / STATE POSTAL CODE/ COUNTRY/

EMPLOYMENT START DATE

WORK PHONE NUMBER

MONTHLY SALARY IN LOCAL CURRENCY/IF EMPLOYED

BRIEFLY DISCRIBE YOUR DUTIES

WHRE YOU ARE PREVIOUSLY EMPLOYED/DETAILS

HAVE YOU ATTEND ANY EDUCATIONAL INSTITUTIONS AT A SECONDARY LEVEL OR ABOVE

DO YOU BELONG TO A CLAN OR TRIBE

PROVIDE A LIST OF LANGUANGES YOU SPEAK

LANGUAGES-1 LANGUAGES-2 LANGUAGES-3

HAVE YOU TRAVELELD TO ANY COUNTIES/REGIONS WITHIN THE LAST FIVE YEARS

PROVIDE A LIST OF COUNTRIES OR REGIONS VISITED

COUNTRY1 COUNTRY2 COUNTRY3 COUNTRY4

HAVE YOU BELONG TO CONTRIBUTED/WORKED ANY SOCIAL/CHARITABLE ORGANISATIONS:

DO YOU HAVE ANY SPECIALISED SKILL/FIREAMS/ EXPLOSIVECHEMICAL EXPERIENCE:

HAVE YOU EVER SERVED IN THE MILITARY OR RELATED

IF YES DETAILS

DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE

DO YOU HAVE ANY MENTAL OR PHYICAL DISORDER

ARE YOU HAVE BEED USED A DRUG ABUSE OR ADDICT

HAVE YOU BEEN ARRESTED OR CONVICTED

HAVE YOU BEEN VIOLATED OR ENGAGED CONSPIRENCY

HAVE YOU EVER BEEN INVOLVED IN OR DO YOU SEEK /MONEY LAUNDERING

HAVE YOU TRAVELLED TO ANY COUNTRIES REGIONS WITHIN THE LAST 5 YEARS

PROVIDE INFORMATION TRAVELLED DATE DURATION OF STAY EACH COUNTRY

URL/SOCIAL MEDIA LINK

FACEBOOK /

LINKED IN/

TWITTER/X

INSTAGRAM/

CURRENT EMPLOYMENT HAVE STARTED FROM AND TO DATE

PREVIOUS EMPLOYMENT DURATION WAS FROM TO DATE

IF YOU ARE NOT WORKING PLEASE CLARIFY

PROVIDE INFORMATION ON YOUR LAST FIVE YEARS IN U.S.A

PRESENT EMPLOYER NAME COMPLETE ADDRESS

START DATE

MONTHLY INCOME

JOB DETAILS WITH DESIGNATION