


AKA: GOPALAN, SHYAMALA		IV-	
OF: (Family Name) HARRIS, SHYAMALA (First Name) GOPALAN (Middle Name)		INS. (b)(6)	
ACTION BY IMMIGRATION INSPECTOR U.S. IMMIGRATION 015 MON 48 PFI FOR C.A. MAR 20 1986 ADMITTED IR-5 UNTIL CLASS		THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA (Name of vessel or flight no. of arrival) AA 835 (b)(6)	
FINAL ADDRESS IN THE UNITED STATES S		INELIGIBILITY FOR VISA WAIVED UNDER SECTION <input type="checkbox"/> 212(e) <input type="checkbox"/> 212(h) <input type="checkbox"/> 212(g) <input type="checkbox"/> 212(i) (b)(6)	
SEC. 212(a)(14) LABOR CERTIFICATION <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> ATTACHED		OCCUPATION UNIV. TEACHING RESEARCH SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the bearer to enter the United States if at the time (b)(6) he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.			
AMERICAN CONSULATE GENERAL MONTREAL CANADA (b)(6)		IMMIGRANT CLASSIFICATION CLASSIFICATION SYMBOL IR5 (b)(6) FOREIGN (b)(6) IMMIGR (b)(6) ISSUED ON (Day) (Month) (Year) 03 FEB 86 THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF (Day) (Month) (Year) 02 JUN 86	
 FOREIGN SERVICE UNITED STATES OF AMERICA Tariff No. 21 Fee Paid \$75 Local Cy, Equiv.		PASSPORT NO. WAIVED OR OTHER TRAVEL DOCUMENTS (Describe) ISSUED TO BY ON EXPIRES IV	
ACTION OF I.J.		ACTION ON APPEAL	
U.S.P.H.S.		EXCEEDED FOR 1-551. TEMPORARY EVIDENCE OF BENEFICIAL ADMISSION FOR PERMANENT RESIDENCE VALID UNTIL MAY 19 1986 (b)(6)	



FORM APPROVED
O.M.B. No. 1405-0015

OPTIONAL FORM 230 (English) (Rev. 6-82)

DEPT. OF STATE
50230-105

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

INSTRUCTIONS: This form must be filled out in DUPLICATE by typewriter, or if by hand in legible block letters. All questions must be answered, if applicable. Questions which are not applicable should be so marked. *If there is insufficient room on the form, answer on separate sheets, in duplicate, using the same numbers as appear on the form.* Attach the sheets to the forms. DO NOT SIGN this form until instructed to do so by the consular officer. The fee for filing this application for an immigrant visa is \$25.00. The fee should be paid in United States dollars or local currency equivalent or by bank draft, when you appear before the consular officer.

WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be grounds for your prosecution and/or deportation.

1. Family name HARRIS First name SHYAMALA Middle name GOPALAN
2. Other names used or by which known (If married woman, give maiden name) GOPALAN SHYAMALA (b)(6)
3. Full name in native alphabet (If Roman letters not used) ഗോപാലൻ ശ്യാമല

21. Length of intended stay (If permanently, so state)

PERMANENT

22. Intended port of entry

CHICAGO

23. Do you have a document

YES Plane

THIS FORM MAY BE OBTAINED GRATIS AT CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

Previous edition not usable

28. List all places of residence for 6 months or more since your 16th birthday

City or town	Province	Country	Dates (From-To)	Calling or occupation
New Delhi		India	1976-1978	Student
CALIFORNIA		USA	1958-1976	" & Faculty
MTL		Can.	1976-1983	" "
Rahland	CA	USA	1983-8/84	Teacher

29. List all organizations you are now or have been a member of or affiliated with since your 16th birthday (Include professional, vocational, social, and political organizations)

Name and address	Dates (From-To)	Type of membership and office held, if any
Amer. Assoc. for Cancer Research		Pres.
Int. Assoc. for Biological Chemist		Research
Int. Assoc. for Breast Cancer Research		"

30. List all languages, including your own, that you can speak, read, and write

Language	Speak	Read	Write
TAMIL, HINDI, ENGLISH	✓	✓	✓

32. Have you ever been treated in a hospital, institution, or elsewhere for a mental disorder, drug addiction, or alcoholism? (If answer is Yes, explain)

Yes ☐ No ☒

33. Have you ever been arrested, convicted, or confined in a prison, or have you ever been placed in a poorhouse or other charitable institution? (If answer is Yes, explain)

Yes ☐ No ☒

34. Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? (If answer is Yes, explain)

Yes ☐ No ☒

35. Have you ever applied for a visa to enter the United States? (If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa, and whether the visa was issued or refused)

Yes ☒ No ☐

PLEASE SEE "31"

36. Have you been refused admission to the United States during the last 12 months? (If answer is Yes, explain)

Yes ☐ No ☒

37. Have you ever registered with a draft board under United States Selective Service Laws? (If answer is Yes, explain)

Yes ☐ No ☒

38. Have you ever applied for relief from training and service in the United States Armed Forces or departed from or remained outside the United States to avoid or evade military service? (If answer is Yes, explain)

Yes ☐ No ☒

39. Do you intend to enter the United States from Canada, Mexico, or an island adjacent to the United States within 2 years after arrival in Canada, Mexico, or such adjacent island? (If answer is Yes, give the name of the transportation company by which you entered or intend to enter Canada, Mexico, or such island)

Yes ☐ No ☒

40. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below. You should read carefully the following paragraphs; your understanding of their content and the answers you give the questions that follow will assist the consular officer to reach a decision on your eligibility to receive a visa.

EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE INELIGIBLE TO RECEIVE AN IMMIGRANT VISA:

(a) Aliens who are mentally retarded, insane, or who have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, a mental defect, narcotic drug addiction, chronic alcoholism, or any dangerous contagious disease; aliens who have a physical defect, disease, or disability affecting their ability to earn a living; aliens who are paupers, professional beggars, or vagrants; aliens convicted of a crime involving moral turpitude or who admit committing the essential elements of such a crime, or who have been sentenced to confinement for at least 5 years in the aggregate for conviction of two or more crimes; aliens who are polygamists, or who practice or advocate polygamy; aliens who are prostitutes, or who have engaged in, benefited financially from, procured, or imported persons for the purpose of prostitution, or who seek entry to the United States to engage in prostitution or other commercialized vice, or any immoral sexual act; aliens who seek entry to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor; and aliens likely to become a public charge in the United States.

Do any of the foregoing classes apply to you? Yes ☐ No ☒ (If answer is Yes, explain)

(b) Aliens who seek re-entry within 1 year of their exclusion from the United States, or who, within the past 5 years, have been arrested and deported from the United States, or removed at Government expense in lieu of deportation, or removed as an alien in distress or as an alien enemy; aliens who procure or attempt to procure a visa or other documentation by fraud or willful misrepresentation; aliens who are not eligible to acquire United States citizenship, or who have departed from or remained outside the United States to avoid United States military service in time of war or national emergency; aliens who have been convicted for violating or for conspiring to violate certain laws or regulations relating to narcotic drugs or marihuana, or who are known or believed to be, or to have been, an illicit trafficker in narcotic drugs or marihuana; aliens seeking entry from foreign contiguous territory or adjacent islands within 2 years of their arrival therein on a non-signatory carrier; aliens who are unable to read and understand some language or dialect; aliens who, knowingly and for gain, have encouraged or assisted any other alien to enter, or attempt to enter, the United States in violation of law; aliens who are former exchange visitors who have not fulfilled the 2-year foreign residence requirement; and aliens who are graduates of foreign medical schools destined to the United States to perform medical services are ineligible for a visa unless they have passed parts I and II of the NBME Exam or an equivalent exam as determined by the Department of Health and Human Services.

Do any of the foregoing classes apply to you? Yes ☐ No ☒ (If answer is Yes, explain)

(c) Aliens who are, or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who advocate or teach, or who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (1) opposition to organized government, (2) the overthrow of government by force and violence, (3) the assaulting or killing of government officials because of their official character, (4) the unlawful destruction of property, (5) sabotage, or (6) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who seek to enter the United States to engage in prejudicial activities or unlawful activities of a subversive nature.

Do any of the foregoing classes apply to you? Yes ☐ No ☒ (If answer is Yes, explain)

(d) Aliens who during the period beginning on March 23, 1933, and ending on May 8, 1945, under the control, direct or indirect, of the Nazi Government of Germany or of the government of any area occupied by, or allied with, the Nazi Government of Germany, ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion.

Does the foregoing class apply to you? Yes ☐ No ☒ (If answer is Yes, explain)

41. Were you assisted in completing this application? (If answer is Yes, give name and address of person assisting you indicating whether relative, friend, travel agent, attorney, or other)

Yes ☐ No ☒

Name

Address

Relationship

42. The following documents are submitted in support of this application:

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Passport | <input type="checkbox"/> Evidence of own assets |
| <input checked="" type="checkbox"/> Birth certificate | <input type="checkbox"/> Affidavit of support |
| <input checked="" type="checkbox"/> Police certificate(s) | <input type="checkbox"/> Offer of employment |
| <input checked="" type="checkbox"/> Marriage certificate | <input checked="" type="checkbox"/> Medical record(s) |
| <input type="checkbox"/> Death certificate | <input checked="" type="checkbox"/> Photographs |
| <input checked="" type="checkbox"/> Divorce decree | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Military record | <input type="checkbox"/> Birth certificate of spouse |

☐ Birth certificates of unmarried children under age 21 who will not be immigrating at this time (List those for whom birth certificates

DO NOT WRITE BELOW THE FOLLOWING LINE

The consular officer will assist you in answering parts 43 and 44

(b)(7)(e)

43. I claim to be exempt from ineligibility to receive a visa and exclusion under item _____ in part 40 for the following reasons:

212(a)(14)

- ☒ Not applicable
☐ Attached

Beneficiary of Waiver under

- | | |
|--------------------------------------------|---------------------------------|
| <input type="checkbox"/> 212(a)(28)(I)(i) | <input type="checkbox"/> 212(e) |
| <input type="checkbox"/> 212(a)(28)(I)(ii) | <input type="checkbox"/> 212(g) |
| <input type="checkbox"/> 212(b)(1) | <input type="checkbox"/> 212(h) |
| <input type="checkbox"/> 212(b)(2) | <input type="checkbox"/> 212(i) |

44. I claim to be a

- ☐ _____ preference immigrant subject to the numerical limitation for _____ (Foreign state or dependent area)
- ☐ Special immigrant not subject to limitation

☒ Immediate relative of a United States citizen

My claim is based on the following facts:

- ☒ I am (my _____ is) the beneficiary of a IR-5 petition.
- ☐ I am a returning resident alien.
- ☐ I derive foreign state citizenship under Section 202(b) through my _____
- ☐ Other (specify) _____

(b)(6)

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application have been made by me, including the answers to parts 32 through 41 inclusive, and are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to, or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Shyamal G. Bera
(Signature of Applicant)

The relationships claimed in items 12 and 13 verified by documentation submitted to consular officer except as noted:

Subscribed and sworn to before me this 3 day of Feb, 1986 at Mt. Comad

TARIF

(b)(6)

**MEDICAL EXAMINATION OF APPLICANTS
FOR UNITED STATES VISAS**

PLACE

MONTREAL

DATE OF EXAMINATION

JAN. 29/86

At the request of the American Consul at

CITY

MONTREAL

COUNTRY

CANADA

I certify that on the above date I examined

NAME

HARRIS, DR. SHYAMALA

SEX

F

ISSUED BY

Canada

ON

1983-05-24

I examined specifically for evidence of any of the following conditions:

CLASS A:

DANGEROUS CONTAGIOUS DISEASES:

Chancroid

Gonorrhea

Granuloma inguinale

Leprosy, infectious

(b)(6)

Lymphogranuloma venereum

Syphilis, infectious stage

Tuberculosis, active

MENTAL CONDITIONS:

Mental retardation
(mental deficiency)

Insanity

Previous occurrence of one or more
attacks of insanity

Psychopathic personality

Sexual deviation

Mental defect

Narcotic drug addiction

Chronic alcoholism

(See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))

(b)(6)

Chest X-ray report

Blood serological report

Other special report(s) (when needed)

from Dr. Seaforth Rad. Jan. 29/86

from Dr. Seaforth Lab. Jan. 29/86

(b)(6)

from Dr.

SIGNATURE

TITLE

PANEL PHYSICIAN

DATE OF FINAL REPORT

JAN. 29/86

NAME **Harris, Shweta TV31 17**

AGE [redacted]

DATE **Jan 29 85** **c 140752**

SEAFORTH RADIOLOGY ASSOCIATES INC.

(b)(6)

SEAFORTH RADIOLOGY ASSOCIATES INC.

SUITE 170 SEAFORTH MEDICAL BUILDING
3550 COTE DES NEIGES, MONTREAL, QUE. H3H 1V4

TEL. 937-9334

ADDRESS [redacted]

TELEPHONE [redacted] RADIOLOGIST [redacted]

REGION EXAMINED

(b)(6)

(b)(6)

Radiologists:

(b)(6)

DIAGNOSIS:

(b)(6)

X-RAY REPORT

(b)(6)

**PETITION TO CLASSIFY STATUS OF ALIEN RELATIVE
FOR ISSUANCE OF IMMIGRANT VISA**

*(PLEASE NOTE - YOU ARE THE PETITIONER AND
YOUR RELATIVE IS THE BENEFICIARY)*

Fee Stamp
30
Fee Paid
American Consulate General
Montreal, P.Q.
10 2585

TO THE SECRETARY OF STATE:

The petition was filed on 25 Oct 85

The petition is approved for status under (b)(6)
section.

APPROVED (b)(6)

OCTOBER 25 1985

DATE
OF
ACTION

DD

DISTRICT

VICE CONSUL OF THE UNITED STATES OF AMERICA

REMARKS

- ☒ PERSONAL INTERVIEW CONDUCTED
☐ DOCUMENT CHECK ONLY
☐ FIELD INVESTIGATION COMPLETED
☐ APPROVAL PREVIOUSLY FORWARDED

(b)(6)

(PETITIONER IS NOT TO WRITE ABOVE THIS LINE)

1. Name of beneficiary (Last, in CAPS) (First) (Middle)
HARRIS SHYAMALA GOPALAN
4. Other names used by beneficiary (including maiden name if married)
GOPALAN SHYAMALA

RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED

(b)(6)

[Redacted Content]

32

CERTIFICATION OF PETITIONER

I certify, under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (date)

Oct 25 / 85

Sub

[Redacted Signature]

(b)(6)

33

SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN PETITIONER

I declare that this document was prepared by me at the request of the petitioner and is based on all information of which I have any knowledge.

(SIGNATURE)

(ADDRESS)

(DATE)

10/25/85

85298040

DO NOT USE
SERVECANADIAN IMMIGRATION
IDENTIFICATION RECORD
CARTE D'IDENTITÉ
D'IMMIGRATION CANADA

Manpower and Immigration Main-d'œuvre et Immigration

DO NOT USE - RÉSERVÉ

G 4498126

(b)(6)

MODE OF TRAVEL - MODE DE TRANSPORT

DELTA
214

FAMILY OR LAST NAME - NOM DE FAMILLE

HARRIS

GIVEN NAMES - PRÉNOMS

SHYAMALA GOPALAN

SEX - SEXE

1M 2F

2

ACCOMPANYING FAMILY MEMBERS - MEMBRES DE LA FAMILLE QUI VOUS ACCOMPAGNENT

Daughter
Daughter

(b)(6)

SIGNATURE

Shyamala G. Harris

IMMIGRATION CATEGORY
CATÉGORIE D'IMMIGRANT

32(1)

COUNTRY OF LAST PERMANENT RESIDENCE
PAYS DE DERNIÈRE RÉSIDENCE PERMANENTE

Calif. U.S.A.

SOURCE AREA
EN PROVENANCE

4 6 1

NATIONAL - RESSORTISSANT

YES NO
TOUJ 2 NON

2

LANGUAGE - LANGUE

English

YEARS OF SCHOOLING
SCOLARITÉ

2 0

UNIVERSITY GRADUATE
DIPLOME D'UNIVERSITÉ
YES NO
1 OUI 2 NON

1

YEARS OF VOCATIONAL - TECHNICAL TRAINING
FORMATION PROFESSIONNELLE ET TECHNIQUE

(b)(6)

YEARS OF
APPRENTICESHIP
ANNÉES
D'APPRENTISSAGE

0 0

INTENDED OCCUPATION - EMPLOI PROJETÉ

Biochemist

2 1 3 3

2 3 4

YEARS IN INTENDED
OCCUPATION
ANNÉES DANS
L'EMPLOI PROJETÉ

1 1

SKILL CODE
CODE
PROFESSIONNEL

0 9

PASSAGE PAID BY
OR A.P. WARRANT NUMBER
PASSAGE PAYÉ PAR
OU BON D'INDEMNITÉ DE PASSAGE N°

Self

AMOUNT OF MONEY TO BE
TRANSFERRED TO CANADA
SOMME D'ARGENT À
TRANSFERER AU CANADA

\$ 20,000.00

ADDRESSES IN CANADA - ADRESSES AU CANADA

A AT DESTINATION - AU LIEU DE DESTINATION

Montreal, Quebec

4 3 5

B PERSON WILLING TO ASSIST - PERSONNE OFFRANT SON AIDE

Lady Davis Institute for Medical Research
3755 Chemin Côte St., Catherine Road
Montreal, Quebec H3T 1E2 (Employer)

VISA OR LETTER OF PRE-EXAMINATION - VISA OU LETTRE DE PRÉ-EXAMEN

NUMBER - NUMÉRO

G 4498126

OFFICE OF ISSUE - BUREAU DE DÉLIVRANCE

San Francisco

6 0 3 5

DATE OF ISSUE - DATE DE DÉLIVRANCE

D J M Y A
1 7 1 1 7 5

VALID UNTIL - VALIDE JUSQU'AU

12 May 1976

SIGNA

(b)(6)

MEDICAL NO. AND CATEGORY - NO DE LA FICHE ET DE LA CAT. MÉDICALES

(b)(6)

DATE OF MED. ASSE

17 Nov. 1975

SURV. MEDICAL REQUIRE
YES NO
1 OUI 2 NON

2

TRANSPORTATION FROM PORT OF ENTRY
TRANSPORT DU PORT D'ENTRÉE

LOCAL

MONEY IN POSSESSION - ARGENT LIQUIDE

\$ 400

ADMITTED AS - ADMIS COMME

IMMIGRANT - LANDED
IMMIGRANT - REÇUON
LE

1 3 0 2 7 6

REMARKS - OBSERVATIONS

Priority 2-NR74-ARB

U.S. Alien Registration Card

(b)(6)

SIGNATURE OF IMMIG

NAME OF OFFICE AND CODE NO.

JOURNAL

(b)(6)

2476

THIS FORM IS EVIDENCE OF YOUR STATUS IN CANADA. ALWAYS PRESENT IT ON THE OCCASION OF ANY VISIT TO A CANADA MANPOWER CENTRE OR CANADA IMMIGRATION CENTRE.
LA PRÉSENTE CARTE EST LA PREUVE DE VOTRE STATUT AU CANADA. VEUILLEZ TOUJOURS LA PRÉSENTER LORSQUE VOUS VOUS RENDEZ À UN CENTRE DE MAIN-D'ŒUVRE DU CANADA OU À UN CENTRE D'IMMIGRATION DU CANADA.

THIS FORM HAS BEEN PREPARED BY THE MINISTER OF MANPOWER AND IMMIGRATION

From,

SHYAMALA GOPALAN HARRIS



(b)(6)

To,

THE CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA
P.O. Box 65, Station Desjardins
Montreal, Quebec H5B1G1.

Reference

Case Number 85298040

November 12th 1985.

Dear Sir / Madam,

As per your request I am herewith
sending you Optional form 179 duly completed and
signed by me. Please note that I have attached to
this form a copy of my Curriculum vitae to
enable you to assess more completely my occupation
since age 16.

Please note that my first name is
not SHYAMA ZA as it is spelled in your correspondence
to me but SHYAMALA.

Sincerely yours
Shyamala G. Harris

POST SYMBOL:

BIOGRAPHIC DATA FOR VISA PURPOSES

Form Approved
Budget Bureau No. 47-R151.2

INSTRUCTIONS

Complete this form for your entire family (yourself, spouse and unmarried children under 21 years of age).

1. NAME

(Family name)

(First name)

(Middle names)

HARRIS

SHYAMALA

GOPALAN

OTHER NAMES, ALIASES (If married woman, maiden name and surname of any previous spouses)

GOPALAN SHYAMALA

NAME IN NATIVE LETTERS OR CHARACTERS IF DIFFERENT FROM ABOVE

15. LIST UNMARRIED CHILDREN UNDER 21 YEARS, NOT U.S. CITIZENS WHO WILL ACCOMPANY YOU - NONE

NAME OF CHILD	PLACE OF BIRTH (City, state or province, country)	BIRTHDATE
	(b)(6)	

16. IF YOU OR YOUR SPOUSE ARE NOW, OR HAVE BEEN, IN THE UNITED STATES, STATE:

<input checked="" type="checkbox"/> APPLICANT	WHERE WAS VISA OBTAINED	WHEN WAS VISA GRANTED (Month, Year)
<input type="checkbox"/> SPOUSE	Please see over.	Please see over.

CHECK TYPE OF VISA USED FOR SUCH ENTRY:



Immigrant



Government or international organization official or employee



Exchange Visitor



Other nonimmigrant Specify STUDENT, H-1.

17. IF YOU OR YOUR SPOUSE PREVIOUSLY LIVED IN THE UNITED STATES, STATE:

DATE ADMITTED	DATE DEPARTED	REASON FOR DISCONTINUING RESIDENCE
Please see over.		

18. LIST BELOW IN DATE ORDER ALL PLACES WHERE YOU, YOUR SPOUSE, AND UNMARRIED CHILDREN NAMED ON THE OTHER SIDE HAVE LIVED SINCE REACHING THE AGE OF 16. (It is not necessary to list the places where you have lived less than six months).

FIRST NAME OF FAMILY MEMBER	CITY OR TOWN, PROVINCE, COUNTRY	OCCUPATION	FROM (Month, Year)	TO (Month, Year)
SHYAMALA (APPLICANT)	MONTREAL, QUEBEC, CANADA	SCIENTIST	SEPT 1984	PRESENT
	OAKLAND, CALIFORNIA, USA		JULY 1982	AUG 1984
	MONTREAL, QUEBEC, CANADA		FEB 1976	JUNE 1982
	BERKELEY, CALIFORNIA, USA		SEPT 1969	JAN 1976
	MADISON, WISCONSIA, USA		AUG 1968	AUG 1969
	EVANSTON, ILLINOIS, USA		AUG 1967	JUNE 1968
	CHAMPAIGN, ILLINOIS, USA		AUG 1965	AUG 1967
	BERKELEY, CALIFORNIA, USA	STUDENT	SEPT 1958	AUG 1965
	DELHI, INDIA	STUDENT	Age 16	AUG 1958
	Please see my attached Curriculum vitae for a better description of my occupation since age 16.			

19. MEMBERSHIP OR AFFILIATION IN ORGANIZATIONS IN EACH COUNTRY NAMED IN ITEM 18:
CULTURAL, SOCIAL, LABOR OR POLITICAL

ORGANIZATION	FROM	TO
In the past and now I have belonged to Professional Societies related to my academic activities. Please see my Curriculum vitae attached to this form.		
		(b)(6)

I certify that all information given is complete and correct.

DATE	SIGNATURE AND PRESENT ADDRESS
November 12 th 1985	Shyamal G. Banis

NOTE: If space above is insufficient to answer any questions properly, the additional information should be printed on a separate sheet of paper and attached to this form.

As may be evident from section 18, I have lived for several years in U.S.A. My initial student visa was issued in (b)(6) and was renewed in subsequent years in U.S. Subsequent to my termination of student visa and prior to my obtaining immigrant visa (issued to me in Chicago in 1983) I held H-1 visas issued in U.S. For my stay in U.S. between 1982-1984, I obtained an H-1 visa issued originally in Montreal and renewed in 1983 at California.

CURRICULUM VITAE

Dr. G. Shyamala
Lady Davis Institute for Medical Research
Sir Mortimer B. Davis - Jewish General Hospital
3755 Cote Saint Catherine Road
Montreal, Quebec, Canada
H3T 1E2

Telephone: [REDACTED]

(b)(6)

Academic Degrees:

Lady Irwin College, New Delhi, India, 1955-1958, B.Sc. in 1958
University of California, Berkeley, 1958-1960, M.S. in 1960
University of California, Berkeley, 1960-1963, Ph.D. in 1964

Academic Awards:

First prize for graduating with B.Sc. at the top of the class,
1958.
Hilgard Scholarship, University of California, 1958-1959
Abraham Rosenberg Research Fellowship, University of California,
1961-1962.
Special Research Fellowship, National Institutes of Health,
1968-1969.
Bourse de chercheur-boursier (RAMQ), Fonds de la Recherche en
Santé du Québec, 1983-1986.

Academic Positions Held:

October 1963-October 1966: Postdoctoral Research Physiologist,
Department of Physiology, University of California, Berkeley
(with Dr. [REDACTED])

(b)(6)

October 1965-September 1967: Visiting Scientist, Department of
Physiology and Biophysics, University of Illinois (with
Dr. [REDACTED])

(b)(6)

January 1968-April 1968: Research Associate, The Ben May
Laboratory for Cancer Research, The University of Chicago,
Chicago (with Dr. [REDACTED])

(b)(6)

October 1968-September 1969: Special Research Fellow, McArdle
Laboratory for Cancer Research, University of Wisconsin,
Madison (with Dr. [REDACTED]).

(b)(6)

DR. G. SHYAMALA

Academic Positions Held: (continued)

September 1969-June 1974: Assistant Research Biochemist,
Department of Zoology and Cancer Research Laboratory,
University of California, Berkeley.

July 1974-December 1975: Associate Research Biochemist,
Department of Zoology and Cancer Research Laboratory,
University of California, Berkeley.

February 1976-present: Staff Investigator, Lady Davis
Institute for Medical Research of the Sir Mortimer B.
Davis - Jewish General Hospital, Montreal.

September 1976-January 1983: Associate Member, Department
of Medicine, McGill University, Montreal.

September 1982-August 1984: Visiting Associate Professor,
Department of Biological Chemistry and Human Physiology,
University of California School of Medicine, Davis.

February 1983-present: Associate Professor, Department of
Medicine, McGill University, Montreal.

Membership in Professional Societies:

American Association for Cancer Research
American Society of Biological Chemists
International Association for Breast Cancer Research
International Study Group for Steroid Hormones
The Endocrine Society

Special Appointments by National Institutes of Health, U.S.A.

Member, Biochemical Endocrinology Study Section, 1980-1984
Member, site visit team to evaluate a program grant sub-
mitted by the Medical College of Ohio, Toledo, Ohio, 1979.
Member, site visit team to evaluate a program grant sub-
mitted by The Rockefeller University, New York, New York,
1980.
Member, site visit team to evaluate a research grant sub-
mitted by The Sloan-Kettering Institute for Cancer
Research, New York, New York, 1983.
Member, site visit team to evaluate a program grant sub-
mitted by the University of California School of Medicine,
San Francisco, California, 1984.

(b)(6)

Space Below for Use of Court Clerk Only

FILED

Attorney(s) for Respondent

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

In re the marriage of

CASE NUMBER 419441

Petitioner: SHYAMALA G. HARRIS

FINAL JUDGMENT (MARRIAGE) OF

and

Respondent

(b)(6)

DISSOLUTION

(LEGAL SEPARATION/NULITY/DISSOLUTION)

The court acquired jurisdiction of the respondent on 1/6/72 by:

(Date)

☐ Service of process on that date, respondent not having appeared within the time permitted by law.

☒ Service of process on that date and respondent having appeared.

☐ Respondent on that date having appeared.

The court orders that:

☐ Pursuant to ☐ Civil Code Section 4506(1) or ☐ Civil Code Section 4506(2), a Judgment of Legal Separation and such other orders as are set out below be entered.

☐ Pursuant to ☐ Civil Code Section 4400, ☐ Civil Code Section 4401, or ☐ Civil Code Section 4425(), a Judgment of Nullity and such other orders as are set out below be entered, and that the parties be restored to the status of unmarried persons.

☒ Pursuant to ☒ Civil Code Section 4506(1) or ☐ Civil Code Section 4506(2), a Final Judgment of Dissolution be entered, and that all of the provisions of the interlocutory judgment, which was entered on June 25, 1974, except as otherwise set out below, be made binding the same as if set forth in full, and that the parties be restored to the status of unmarried persons. 8/1/73

Dated

MAY 17 1974

The foregoing instrument is a
correct copy of the original,
on file in this office.

ATTEST NOV 26 1985

(b)(6)



CANADIAN POLICE CERTIFICATE
FOR VISA APPLICANTS/FOREIGN
TRAVEL/FOREIGN WORK PERMITS

CERTIFICAT DE LA POLICE CANADIENNE POUR LES
REQUÉRANTS DE VISAS/VOYAGES À L'ÉTRANGER/
PERMIS DE TRAVAIL À L'ÉTRANGER

Name Nom

HARRIS, Shyamala. Gopalan. -----

D.O.B. D.D.N.

(b)(6)

(b)(6)

Address Adresse

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Issued at (Unit) Émis par (Service)

GENDARMERIE ROYALE DU CANADA
ROYAL CANADIAN MOUNTED POLICE
MTL, QUE. DIV. 'C'

(b)(6)

Date

28 -01-1998

JAN 28 1998

(SA)

Royal Canadian Mounted Police Gendarmerie royale du Canada

1868 (83-11) 7530-21-887-9870

Canada



THE ROYAL BANK
OF CANADA

LA BANQUE ROYALE
DU CANADA

FORM/FORMULE 1660 (1-85)
USE WITH ENV. 6668
UTILISER ENV.

[Redacted]

(b)(6)

WE CERTIFY THE FOLLOWING INFORMATION:
NOUS GARANTISSONS L'EXACTITUDE DES RENSEIGNEMENTS SUIVANTS:

NAME OF ACCOUNT/NOM DU CLIENT

DR. SHYAMALA HARRIS

[Redacted]

[Redacted]

[Redacted]

DEVICE ON
A TITRE :

[Redacted]

ABLE.

R

(b)(6)



WELLS FARGO BANK

NATIONAL ASSOCIATION

BERKELEY MAIN OFFICE
2144 SHATTUCK AVENUE
P.O. BOX 244
BERKELEY, CALIFORNIA 94701

(b)(6)



Dr. S. Harris



GREAT WESTERN SAVINGS

(b)(6)



TO WHOM IT MAY CONCERN:

We hereby certify that:

(b)(6)

Dr. Shyamala G. Harris



(9)(q)

1938

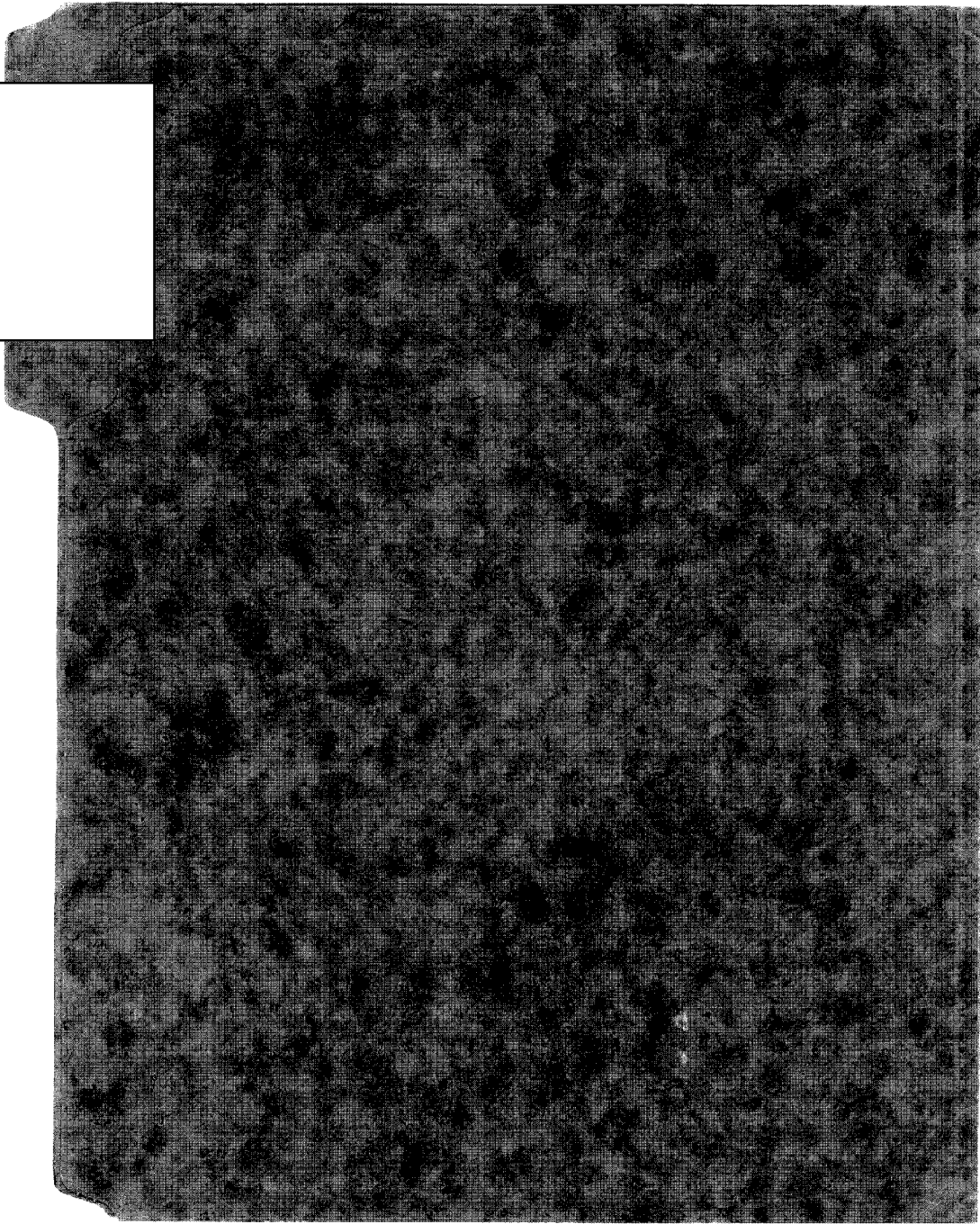
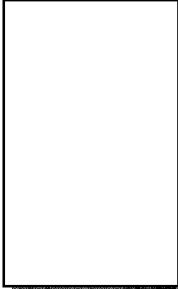
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LBRODZIN General Reference Temporary Loan of Records
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TO: CIS REQUESTER
630 SANSOME STREET ROOM 1386
SAN FRANCISCO CA 94111-
P: (415)248-
(00x0)000 F:

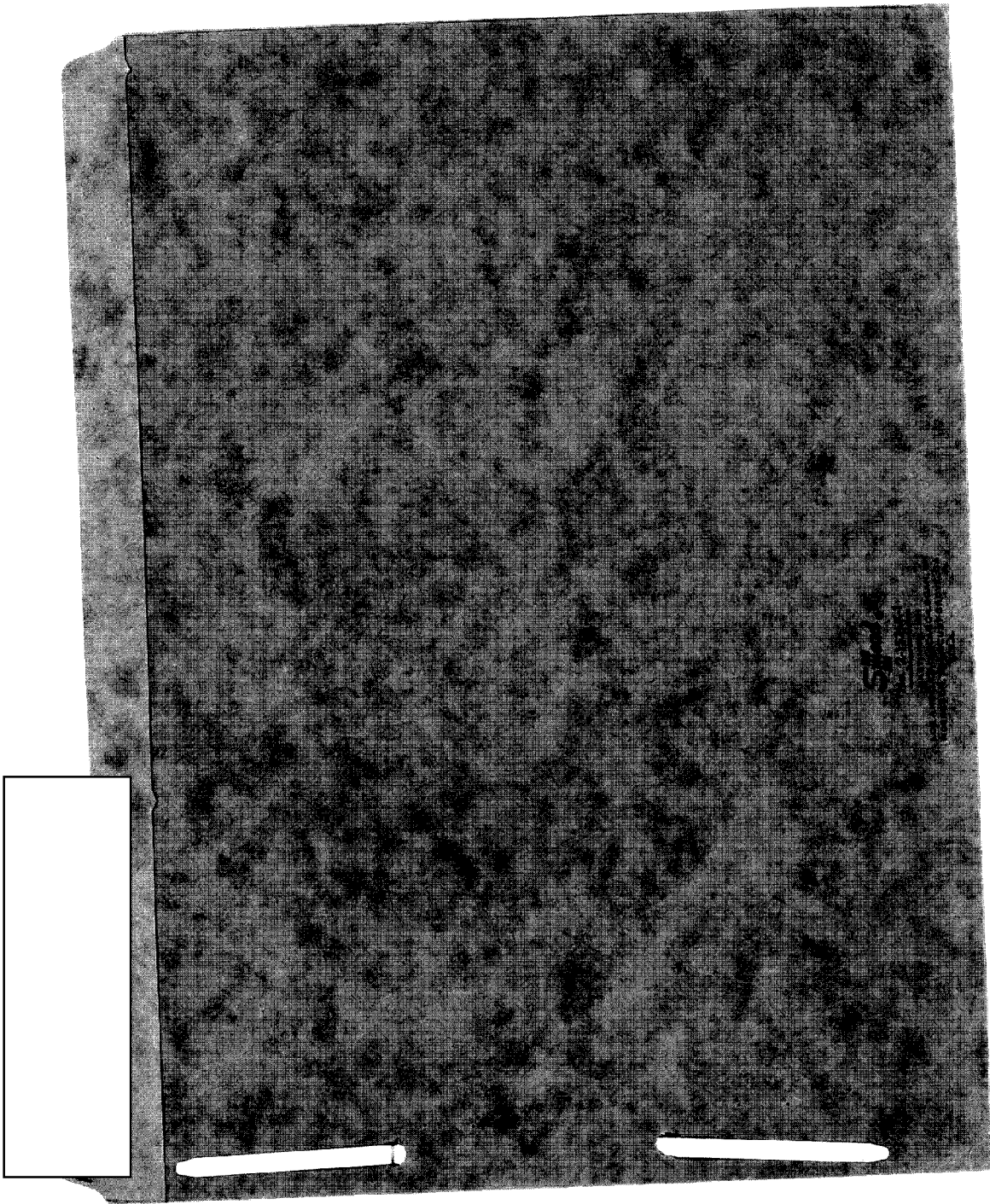
(9)(q)

Return to
FCO: S R

1602

(b)(6)





(b)(6)

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