

Control Panel > All Control Panel Items > Network and Sharing Center

Control Panel Home

Change adapter settings

Change advanced sharing settings

Media streaming options

View your basic network information and set up connections

View your active networks

Access type: Internet

Connections: Wi-Fi (Diyesh)

Change your networking settings

Set up a new connection or network

Set up a broadband, dial-up, or VPN connection; or set up a router or access point.

Troubleshoot problems

Diagnose and repair network problems, or get troubleshooting information.

Wi-Fi Status

Network Connection Details

Property	Value
Connection-specific DN...	
Description	802.11n USB Wireless LAN Card
Physical Address	1C-79-39-09-DD-D3
DHCP Enabled	Yes
IPv4 Address	192.168.1.4
IPv4 Subnet Mask	255.255.255.0
Lease Obtained	22 February 2022 10:25:32
Lease Expires	23 February 2022 10:25:23
IPv4 Default Gateway	192.168.1.1
IPv4 DHCP Server	192.168.1.1
IPv4 DNS Server	192.168.1.1
IPv4 WINS Server	
NetBIOS over Tcpip En...	Yes
Link-local IPv6 Address	fe80::70da:9916:3779:dbc714
IPv6 Default Gateway	
IPv6 DNS Server	

Close

See also

Internet Options

Windows Defender Firewall

includes

fbrebon / ITN...

localhost / 127...

Monitask

Skype [1]

Sourcetre

D:\Vandana\O...

NetBeans IDE ...

SQLyog Com...

Network and S...

Wi-Fi Status

30°C

01:02 PM

22-02-2022

admin.itndb-local/ds2019.php

admin.itndb-local/ds2019_html

temp.pdf

DS2019.pdf

file:///C:/xampp/htdocs/itn-odc-dvpt/admin_public/temp_ds/temp.pdf

Automatic Zoom

1 of 3

Automatic Zoom

U.S. Department of State

*See Page 2

TRAINING/INTERNSHIP PLACEMENT PLAN

OMB APPROVAL NO.1405-0119
EXPIRES: 10/31/2020
ESTIMATED BURDEN TIME: 45 min

1. Surname/Primary Name: Solomon		Given Name: Linea Rose Leuterio	Gender: FEMALE	N0034204546	
Date of Birth(mm-dd-yyyy): 07-18-1999	City of Birth: Quezon City	Country of Birth: PHILIPPINES	Citizenship Country Code: RP	Citizenship Country: PHILIPPINES	I-1
Legal Permanent Residence Country Code: RP		Legal Permanent Residence Country: PHILIPPINES	Position Code: EMPLOYEE OF PRIVATE BUSINESS		
Primary Site of Activity: Camp Sunshine 16819 New Hampshire Ave. Silver Spring, MD 20905					
2. Program Sponsor: Odyssey International Camp			Program Number: P-4-38241		
Participating Program Official Description: CAMP COUNSELOR					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period: From (mm-dd-yyyy): 06-02-2023 To (mm-dd-yyyy): 08-25-2023		4. Exchange Visitor Category: CAMP COUNSELOR Subject/Field Code: 36.0101 Subject/Field Code Remarks: Camp Counselor			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Stipend Amount: \$1,590.00 Personal funds: \$700.00 Total: \$2,290.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER: ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate;(ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.			7. Kelsey Lynn Melton Name of Official Preparing Form 8300 WILSHIRE BLVD Address of Responsible Officer or Alternate Responsible Officer Signature of Responsible Officer or Alternate Responsible Officer BEVERLY HILLS, CA 90211 Alternate Responsible Officer Title 424-301-1696 Telephone Number 04-04-2023 Date (mm-dd-yyyy)		
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date(mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the _____ program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					