

# STUDY QUESTIONNAIRE

**Name (as shown on passport):** Pratik Dawange

**Family name:** Dawange

**Given name(s):** Pratik

**Applicant maiden name or names previously used:**

**Sex:** Male

**Date of birth (yy/mm/dd):** 2000/04/01

**Place of birth:** Nashik

**Nationality:** India

**Do you hold any other nationality apart from Nigerian?**

**If Yes Kindly state the country:**

**Marital status:** Single

**UCI:** ABCD1234

**Citizenship:** Indian

**Current Country:** India

**Status:** Citizen

**During the past five years have you lived in any country other than your country of citizenship for more than six months?**

**Do you have any dependents traveling with you ?**

**If yes, please provide details, Full name:**

**International passport number:**

**Phone number:**

**Relationship to you:**

**List all the languages you speak:**

**Residential address and mailing address, please specify if residential address is different from the mailing address:**

**Do you have a national identity document?**

**I. Document number:**

**ii. Country or territory of issue:**

**iii. Issue date (D/M/Y):**

**Iv. Expiry date (D/M/Y):**

**Have you had your passport stolen?**

**If Yes, what is the passport number and how did you misplace it?**

**Details of your admission:**

**Course of study:**

**Period of study:**

**Name of Institution:**

**Details of previous degrees**

**Degree Type:**

**Name of Institution:**

**Location of Institution:**

**Start Date (D/M/Y):**

**End Date (D/M/Y):**

**Give details of your work experience for the past 10 years:**

**Date(D/M/Y-D/M/Y):**

**Job role:**

**Name of organization:**

**Address of organization:**

**Give details of your current work experience**

**Start Date (Y/M//D):**

**Job role:**

**Name of organization:**

**Address of organization:**

**Employer-s Phone number:**

**Monthly salary:**

**Brief description of your job duties:**

**Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis:**

**Do you have any physical or mental disorder that would require social and/or health**

**services, other than medication, during your stay in Canada :**

**If you answered "yes" to question 18 or 19 please provide details and the name of the family member.**

**Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?**

**Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?**

**I. Date:**

**Ii. Country:**

**Iii. Type of visa:**

**Iv. Reason for denial:**

**Have you ever committed, been arrested for, or been charged with or convicted of any criminal offense in any country or territory:**

**If you answered -yes Please provide details of where you served your sentence:**

**Date (Y/M//D - Y/M/D):**

**Location/Place where stationed:**

**Country:**

**Have you ever held any government positions(such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)**

**If yes, please provide the following:**

**I. Date: (Y/M//D - Y/M//D):**

**Name Of Organization:**

**Country:**

**Level of Jurisdiction(e.g. National,regional.municipal):**

**V. Department/Branch:**

**Vi. Positions held:**

**Are you involved in any charitable organization:**

**Have you traveled to any country within the last 5 years?**

**If Yes please provide the details below:**

**Date of Arrival (D/M/Y):**

**Date of Return (D/M/Y):**

**Country Traveled to:**

**City of Travel:**

**Purpose of Travel:**

**Please provide details of your parents, siblings, spouse and Children:**

**Name (as written on the passport):**

**Address:**

**Nationality:**

**Occupation:**

**Place of work:**

**Date of birth (D/M/Y):**

**Date of Death (if applicable D/M/Y)**

**Marital status:**

**Residential Address:**

**(BROTHERS AND SISTERS(Include all brothers and sisters, All half-brother and sister and step brother and sister)**