

# Filled Form

**1. Name (as shown on passport):** Pratik Dawange **Family name:** Dawange **Given name(s):** Pratik **Applicant maiden name or names previously used:**

**2. Sex:** Male **3. Date of birth (yy/mm/dd):** 2000/04/01 **4. Place of birth:** Nashik **5. Nationality:** India **6. Do you hold any other nationality apart from Nigerian? If Yes**  
**Kindly state the country:**

**7. Marital status:** Single **8. UCI:** ABCD1234 **9. Citizenship:** Indian **10. Current Country:** India **11. Status:** Citizen **12. During the past five years have you lived in any country other than your country of citizenship for more than six months?** **13. Do you have any dependents traveling with you ? If yes, please provide details, Full name:** International **passport number:** **Phone number:** **Relationship to you:** **14. List all the languages you speak:** **15. Residential address and mailing address, please specify if residential address is different from the mailing address:**

**16. 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):** **17. Have you had your passport stolen? If Yes, what is the passport number and how did you misplace it?** **18. Details of your admission: Course of study: Period of study: Name of Institution:** **19. Details of previous degrees Degree Type: Name of Institution: Location of Institution: Start Date (D/M/Y): End Date (D/M/Y):** **20. 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:**

**21. Give details of your current work experience Start Date (Y/M//D): Job role:**

**Name of organization:**

**Address of organization:**

**Employers Phone number: Monthly salary:**

**Brief description of your job duties:**

**22. 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:**

**23. Do you have any physical or mental disorder that would require social and/or health services, other than medication, during your stay in Canada :** **24. If you answered "yes" to question 18 or 19 please provide details and the name of the family member.** **25. Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?** **26. 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:**

**27. 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:**

**28. Have you ever held any government positions(such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)** **29. If yes, please provide the following: I. Date: (Y/M//D - Y/M/D):**

**II. Name Of Organization:**

**III. Country:**

**IV. Level of Jurisdiction(e.g. National,regional.municipal): V. Department/Branch:**

**Vi. Positions held:**

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

**31. 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:**

**32. 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)**

## **MISSING INFORMATION**

- **6. Do you hold any other nationality apart from Nigerian? If Yes Kindly state the country:**
- **13. Do you have any dependents traveling with you ? If yes, please provide details, Full name:**
- **International passport number:**
- **Phone number:**
- **Relationship to you:**
- **14. List all the languages you speak:**
- **15. Residential address and mailing address, please specify if residential address is different from the mailing address:**
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- **i. Document number:**
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- **18. Details of your admission:**
- **Course of study:**
- **Period of study:**
- **Name of Institution:**
- **19. Details of previous degrees**
- **Degree Type:**
- **Name of Institution:**
- **Location of Institution:**
- **Start Date (D/M/Y):**
- **End Date (D/M/Y):**

- 20. 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:
- 21. Give details of your current work experience
- Start Date (Y/M//D):
- Job role:
- Name of organization:
- Address of organization:
- Employers Phone number:
- Monthly salary:
- Brief description of your job duties:
- 22. 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:
- 23. Do you have any physical or mental disorder that would require social and/or health services, other than medication, during your stay in Canada :
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- 27. 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:
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- 28. Have you ever held any government positions(such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)
- 29. If yes, please provide the following:
- I. Date: (Y/M/D - Y/M/D):
- II. Name Of Organization:
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- IV. Level of Jurisdiction(e.g. National,regional.municipal):
- V. Department/Branch:
- VI. Positions held:
- 30. Are you involved in any charitable organization:
- 31. Have you traveled to any country within the last 5 years?
- If Yes please provide the details below:
- Date of Arrival (D/M/Y):
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- Country Traveled to:
- City of Travel:
- Purpose of Travel:
- 32. 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)**