



CANADA

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PRIYA ASHOKBHAI GONDALIYA  
B/301 SAGAR SARITA APRT.RANG DARSHAN  
SOCIETY,KATAR  
GAM SINGAPORE ROAD  
SURAT SURAT 395004  
INDIA

Application/Demande: S302844377

UCI/IUC: 11-1491-4967

## STUDY PERMIT/PERMIS D'ÉTUDES

## CLIENT INFORMATION/INFORMATION DU CLIENT

Family Name/Nom de Famille: GONDALIYA  
Given Name(s)/Prénom(s): PRIYA ASHOKBHAI  
Date of Birth/Date de naissance: 1998/03/15 (yyyy/mm/dd - aaaa/mm/jj)  
Sex/Sexe: FEMALE  
Country of Birth/Pays de naissance: INDIA  
Country of Citizenship/Citoyen de: INDIA  
Travel Doc No./N° du document de voyage: R8474204 PASSPORT

## ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE

Date Issued/Délivré le: 2020/09/24 (yyyy/mm/dd - aaaa/mm/jj)  
Expiry Date/Date d'expiration: 2022/03/31 (yyyy/mm/dd - aaaa/mm/jj)  
Case Type/Genre de cas: 30  
Institution Name/Nom de l'institution: DESIGNATED LEARNING INST-QC  
Field of Study/Domaine d'études: OTHER  
In Force From/En vigueur le: 2020/09/24 (yyyy/mm/dd - aaaa/mm/jj)

## Conditions:

1. ATTENDANCE AT THE UNIVERSITY, COLLEGE OR OTHER INSTITUTION SPECIFIED BY THE IMMIGRATION OFFICER.
2. MUST BE IN ATTENDANCE AT COLLEGE - DIPLOMA APPROVED PURSUANT TO THE IMMIGRATION REGULATIONS.
3. MUST LEAVE CANADA BY 2022/03/31
4. MAY ACCEPT EMPLOYMENT ON OR OFF CAMPUS IF MEETING ELIGIBILITY CRITERIA AS PER R186(F), (V) OR (W). MUST CEASE WORKING IF NO LONGER MEETING THESE CRITERIA.
5. MUST COMPLY WITH ALL REQUIREMENTS IMPOSED ON THEM BY AN ORDER OR REGULATION MADE UNDER THE EMERGENCIES ACT OR THE QUARANTINE ACT AS PER R43(1)(E)

## Remarks/Observations:

MAY ACCEPT EMPLOYMENT ON OR OFF CAMPUS IF MEETING ELIGIBILITY CRITERIA AS PER R186(F), (V) OR (W). MUST CEASE WORKING IF NO LONGER MEETING THESE CRITERIA.  
LXP149 - 35316

\*\*\*THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RÉ-ENTRÉE\*\*\*

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Canada

Date : 09 OCT / OCT. 2020

PROTECTED B / PROTÉGÉ B

PRIYA ASHOKBHAI GONDALIYA  
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**Social Insurance Number (SIN) / Numéro d'assurance sociale (NAS):**  
**948-850-086** expires on / expire le **31 MAR / MARS 2022**

**Names on the SIN record / Noms au dossier de NAS**

First Name / Prénom:	<b>PRIYA</b>
Middle Name(s) / Second(s) prénom(s):	<b>ASHOKBHAI</b>
Family Name(s) / Nom(s) de famille:	<b>GONDALIYA</b>

**Protect your SIN; it is confidential**

Keep any document containing your SIN in a safe place.

**Protégez votre NAS, il est confidentiel**

Conservez tout document où l'on retrouve votre NAS dans un endroit sûr.

**Use of your SIN**

You are required to provide your SIN to your employer within three days after the day you receive it. Also, some programs and/or services authenticate a person's identity using data on the SIN record; ensure you are using the names as shown above.

**Utilisation de votre NAS**

Vous devez fournir votre NAS à votre employeur dans les trois jours suivant sa réception. Aussi, certains programmes et/ou services utilisent les données au dossier de NAS afin d'authentifier l'identité d'une personne. Assurez-vous d'utiliser les noms qui figurent ci-dessus.

**If your SIN begins with the number 9**

You must present a valid proof of authorization to work in Canada to your employer. Your SIN record must be updated to reflect the most recent expiry date.

**Si votre NAS débute par le chiffre 9**

Vous devez présenter à votre employeur une autorisation valide vous permettant de travailler au Canada. Votre dossier de NAS doit être mis à jour afin de refléter la plus récente date d'expiration.

**For more information, visit our Web site:**

[Canada.ca/social-insurance-number](http://Canada.ca/social-insurance-number)

**Pour plus de renseignements, consultez notre site Web :**

[Canada.ca/numero-assurance-sociale](http://Canada.ca/numero-assurance-sociale)