



EA003 855 891 F312123601



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

Application/Demande: S302844

UCI/IUC:

11-1491-4967

STUDY PERMIT/PERMIS D'ÉTUDES

CLIENT INFORMATION/INFORMATION DU CLIENT

GONDALIYA Family Name/Nom de Famille: PRIYA ASHOKBHAI Given Name(s)/Prénom(s):

Date of Birth/Date de naissance: 1998/03/15 (vyyy/mm/dd - aaaa/mm/ji)

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:

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)

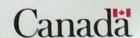
Remarks/Observations:

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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Service Canada

Date: 09 OCT / OCT. 2020

Canadä

PROTECTED B / PROTÉGÉ B

PRIYA ASHOKBHAI GONDALIYA

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:

PRIYA

Middle Name(s) / Second(s) prénom(s):

ASHOKBHAI

Family Name(s) / Nom(s) de famille:

GONDALIYA

Protect your SIN; it is confidential

Keep any document containing your SIN in a safe place.

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.

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.

For more information, visit our Web site:

Canada.ca/social-insurance-number

Protégez votre NAS, il est confidentiel

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

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.

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.

Pour plus de renseignements, consultez notre site Web:

Canada.ca/numero-assurance-sociale