

# **IMM 1295 – Sample document for primary applicant**

Cognizant Technology Solutions

COGNIZANT TECHNOLOGY SOLUTIONS [Company address]

## IMM1295E – Application for work permit made outside Canada



Citizenship and  
Immigration Canada

Citoyenneté et  
Immigration Canada

PROTECTED WHEN COMPLETED - B

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### APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 *I want service in English	OFFICE USE ONLY Validated
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#### PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ? Family name	<input checked="" type="checkbox"/> *No <input type="checkbox"/> *Yes Given name(s)

Mention the Family  
Name/ Surname &  
Given Name as per the  
current passport

Mention "Yes"  
only if you had a  
name change in  
the passport

3 *Sex	4 Date of birth *YYYY *MM *DD	5 Place of birth *City/Town	*Country or Territory
6 *Citizenship			

DOB, place of birth, country and  
citizenship should be as per the  
current passport.

7 Current country or territory of residence:				
Country or Territory	Status	Other	From	To
*	*		YYYY-MM-DD	YYYY-MM-DD

**For India associates**

Please select as India and status as Citizen

**For US/ROW associates**

From Date – the date you entered US/current country of residence as a “worker”

To Date – I94 or I797/ petition expiry date/ resident permit/immigration document end date.

If I 94 or I 797 has expired, please attach the extension receipt in proof of immigration place holder in VRA and enter any date 3 months from the current date you are completing the application.

8 Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months?			<input type="checkbox"/> *No	<input type="checkbox"/> *Yes
Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

Applicable only if you have stayed for more than 6 months in the last 5 years in any other country apart from the current country of residence or citizenship.

9 Country or territory where applying: Same as current country or territory of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD

Please provide appropriate responses for the below

10 *a) Your current marital status		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		YYYY-MM-DD	YYYY-MM-DD
				Date	
c) Provide the name of your current Spouse/Common-law partner					
Family name		Given name(s)			

**PERSONAL DETAILS (CONTINUED)**

<b>11</b> Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Provide the following details for your previous Spouse/Common-law Partner:			
Family name		Given name(s)	
c) Date of birth	Type of relationship	From	To
YYYY MM DD		YYYY-MM-DD	YYYY-MM-DD

**LANGUAGE(S)**

<b>1</b> *a) Native language/Mother Tongue	*b) Are you able to communicate in English and/or French?	c) In which language are you most at ease?
	English	
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

Mention your native language.

Mention "Yes" only if you have written English language test – IELTS or CELPIP.

**PASSPORT**

<b>1</b> *Passport number	<b>2</b> *Country or territory of issue	<b>3</b> *Issue date	<b>4</b> *Expiry date
		YYYY-MM-DD	YYYY-MM-DD
<b>5</b> *For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
<b>6</b> *For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

Provide the details as per your current passport.

**NATIONAL IDENTITY DOCUMENT**

<b>1</b> Do you have a national identity document? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
<b>2</b> Document number	<b>3</b> Country or territory of issue	<b>4</b> Issue date	<b>5</b> Expiry date
		YYYY-MM-DD	YYYY-MM-DD

Mention "Yes" and provide the details only if you have an Aadhar card, if not please check the box as "No"

## US PR CARD

1	Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)?	<input type="checkbox"/> * No <input type="checkbox"/> * Yes
2	Document number	3 Expiry date YYYY-MM-DD

If you have the US green card, select "Yes" and mention the details, else choose the option as "No"

Current mailing address – keep the attorneys address as it is. Do not modify the details. In addition, please add your Emp ID.

Please mention your emp ID on the street name.

**CONTACT INFORMATION**

If submitting your application by mail:  
- All correspondence will go to this address unless you indicate your e-mail address below.  
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.  
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

1 Current mailing address						
P.O. box	Apt/Unit	Street no.	*Street name			
	5th Floor	150	York Street C/O Evan J. Green ( Associate Employee ID)			
*City/Town	*Country or Territory	*Province/State	*Postal code	District		
Toronto	Canada	ON	M5H 3B5			
2 Residential address Same as mailing address? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Apt/Unit	Street no.	*Street name		*City/Town		
*Country or Territory		Province/State	Postal code	District		
3 Telephone no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other						
*Type	Country Code	*No.	Ext.			
	1	416	862 - 7880			
4 Alternate Telephone no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other						
*Type	Country Code	*No.	Ext.			
	1	416	862 - 7880			

Provide your current residential address.

Provide your contact number

Phone number, Fax number and email address – Keep the attorneys details as it is **Note: this email id is used for filing purpose only and associates must not contact the id to for status update or queries.**

5 Fax no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other	Country Code 1	*No. ( 416 ) 862 - 1698	Ext.	6 E-mail address evang@gands.com
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**DETAILS OF INTENDED WORK IN CANADA**

1	*What type of work permit are you applying for? Other
2	Details of my prospective employer (attach original offer of employment) *a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here) COGNIZANT TECHNOLOGY SOLUTIONS *b) Complete Address of Employer (Canadian or Foreign): 7100 West credit avenue, Ontario, Mississauga, L5N5N1

If your proposed work address is in client location, please mention the client office address. If you were intending to work from Cognizant office in Canada, then you would need to provide **"6940 Mumford Rd, Halifax, NS, Canada B3L 0B7"**

3	Intended location of employment in Canada? Province City/Town Address
4	My occupation in Canada will be: *Job title *Brief description of duties

Mention your job title as per HCM, if your job title has an abbreviation in HCM then please expand it (for eg. Sr. Associate projects, then please expand it as Senior Associate Projects)

Update this section as **"Refer attached support letter"**

From date – should be 3 months from application filing date and  
To date should be +3 years from the start date

5	Duration of expected employment From To YYYY-MM-DD YYYY-MM-DD	6	Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No.
<b>EDUCATION</b> Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> *No <input type="checkbox"/> *Yes If you answered "yes", give full details of your highest level of post secondary education.			
1	From YYYY MM	Field and level of study	School/Facility name
	To YYYY MM	City/Town	Country or Territory Province/State

You would need to provide the educational details only if you have obtained a degree from a university or a college. Please mention the highest level of education.

# EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)				
1	From *YYYY *MM	*Current Activity/Occupation		*Company/Employer/Facility name
	To YYYY MM	*City/Town	*Country or Territory	Province/State
2	From YYYY MM	Previous Activity/Occupation		Company/Employer/Facility name
	To YYYY MM	City/Town	Country or Territory	Province/State
3	From YYYY MM	Previous Activity/Occupation		Company/Employer/Facility name
	To YYYY MM	City/Town	Country or Territory	Province/State



**You would need to provide your past 10 years of employment history with proper onshore (If applicable) and offshore split-up (city, state wise) including designation split up as applicable without any gaps in-between in a chronological order starting from current status.** If you were not working or studying at any point in the past 10 years, please state “unemployed” or “student” as previous activity or occupation (whichever is applicable). If you run out of room on the form, please use the “Employment Addendum” template available in the “digital docs” to continue the information. See below example

From	To	Current Activity	Company (details have been provided based on client location)
2017-11	Till date	Manager-projects	Cognizant Technology Solutions,
2015-11	2017-10	Senior Associate- Projects	Cognizant Technology Solutions
2013-07	2015-10	Senior Associate-Projects	Cognizant Technology Solutions,
2011-06	2013-06	Associate-Projects	Cognizant Technology Solutions
2008-08	2011-05	Associate-projects	Cognizant Technology Solutions

**Background Information** - Provide the appropriate response. If you have provided “Yes” to any of the questions from 3 through 6, then you would need to fill IMM5257 Schedule 1 form

**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older.

Clear Section

1	a) 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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).		
<div></div>			

Please mention the Canada visa details, even if you have applied or travelled in visitor visa, by marking the section 2.c as “Yes”

Please mark the section 2.b as “Yes” if you have received denial status on any visa/petition from any country and it should be mentioned on the section 2.d

2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.		
<div></div>			
3	a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered "yes" to question 3a) above, please provide details.		
<div></div>			



<b>4</b>	a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.		
<b>5</b>	Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>6</b>	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.			

#### SIGNATURE

Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC' request, may want to contact you in the future to ask you about any services you received from IRCC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). IRCC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you personally.

Do you consent to be contacted by IRCC, or an organization at IRCC's request, in the future? (Y/N) ☐ No ☐ Yes

I consent to the release to Immigration, Refugees and Citizenship Canada (IRCC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD



#### IMPORTANT NOTE:

**This application must be signed and dated before it is submitted by mail.**

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

#### DISCLOSURE

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Validate



**This form must be validated and dated. Please upload the form in VRA in an editable format.**

**Please remember this form should not be signed or scanned by the applicant**